

**State of Idaho  
Department of Health and Welfare  
Division of Family and Community Services  
Child and Family Services**

**Second Annual Progress and Services Report (2017 APSR) to the  
2015-2019 Child and Family Services Plan (CFSP)**

**Approved report will be posted at**

**<http://www.healthandwelfare.idaho.gov/Children/AbuseNeglect/tabid/74/Default.aspx>**

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## (1) GENERAL INFORMATION

The Annual Progress and Services Report (APSR) includes planned activities required to receive Federal allotments for fiscal year 2017 authorized under title IV-B, subparts 1 and 2, section 106 of the Child Abuse and Prevention Treatment Act, Chafee Foster Care Independence Program, and the Educational Training Voucher program. It also provides an update on the progress made toward accomplishing the goals and objectives of the Child and Family Services Plan (CFSP).

### *Responsible State Agency*

The Idaho Department of Health and Welfare (IDHW) is the state agency responsible for over 30 health, welfare and human services programs throughout Idaho. The Department's mission is to actively promote and protect the health and safety of Idahoans.

### *Publicly Funded Child and Family Services Continuum*

The Division of Family and Community Services (FACS) is responsible for child protection, adoptions and foster care, interstate compact, Indian child welfare, services to persons with developmental disabilities, resource development and eligibility, navigation services, and early intervention/screening for infants and toddlers. The FACS Child and Family Services (CFS) program provides child protection, adoption, foster care, and Indian child welfare services in close collaboration with other FACS division programs. CFS' services reflect the Department's family-centered philosophy which affirms the belief that families should be treated with respect, involved in decision making and, when safe, are the best place for children to grow and develop. The Child and Family Services program focuses on the entire family unit and builds on family strengths while supporting and empowering families to be self-reliant and self-determining. (See Attachment 5: Organizational Charts).

CFS is responsible for administering state title IV-E programs. As part of its title IV-E responsibility, FACS administers funds and services of the Independent Living (IL) Program under Chafee Foster Care Independence Act of 1999 (P.L. 106-169) and Educational Training Voucher Program. The Idaho Department of Health and Welfare's Division of FACS also administers the Social Services Block Grant (SSBG), title IV-B parts 1 and 2, and Child Abuse Prevention and Treatment Act (CAPTA) Basic Grant programs. The FACS Child and Family Services Program is responsible for annual reporting on the CFSP.

### *Collaboration*

In addition to ongoing collaboration with stakeholders at the regional level, CFS engages with stakeholders through an annual Statewide Stakeholder Meeting. In November 2015, youth, parents, resource parents, guardians ad litem, tribal social services representatives, Court Improvement Project coordinators, Casey Family Program partners, law enforcement agents, as well as CFS workers, supervisors, staff trainers, and chiefs had an opportunity to collaborate as a statewide stakeholder group and provide feedback specific to the agency's strengths and areas needing improvement. The group also reviewed and assessed the progress made on the agency's goals, and identified opportunities for stakeholders to partner with CFS in the achievement of the 2015-2019 CFSP/2016 APSR goals (see page 11 Plan for Improvement).

CFS Program Specialists also presented an overview of federal and state requirements and laws; the child welfare agency's reporting responsibilities; funding streams for services provided to children and families; the importance of using data in making decisions; the need for policies and procedures; the core CFS programs and services; and the role of stakeholder feedback and partnerships in guiding strategic plans.

Feedback gathered at this meeting highlighted a need for more regional stakeholder groups to inform the larger annual Statewide Stakeholder Meeting. CFS will focus time and resources into the development of meaningful regional stakeholder groups to fill the gap in the feedback loop.

The feedback received from stakeholders, both at this meeting and through ongoing contacts with many more stakeholders, combined with the results of Case Record Reviews and periodic performance data reports, informed this Second Annual Progress and Services Report (2017 APSR) to the 2015-2019 Child and Family Service Plan (CFSP).

CFS plans to periodically convene with tribes, courts, and other stakeholders over the upcoming year to continue their involvement in the implementation, monitoring, and reporting of progress outlined in the CFSP.

Additional efforts to engage stakeholders in the CFSP and APSR included: regular meetings with other IDHW programs such as Behavioral Health, Medicaid, and the Infant Toddler Program; ongoing collaboration with Casey Family Programs, Citizen Review Panels, Idaho Foster Youth Advisory Board, Court Improvement Project, and Governor's Children at Risk Task Force; as well as surveys and interviews with resource parents, birth parents, foster youth, and families.

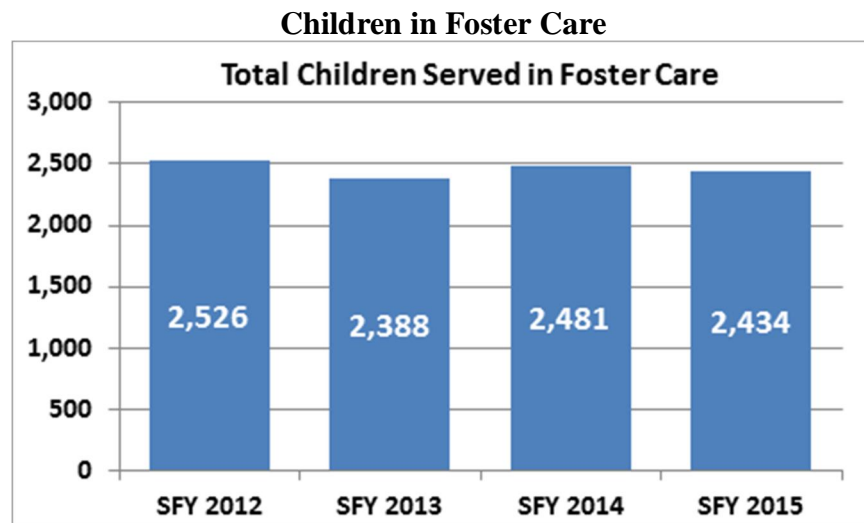
### *Idaho Multi-Systems Capstone Project on Cross-Over Youth*

In the fall of 2015, representatives from the Idaho Department of Health and Welfare's (IDHW) Child and Family Services and Behavioral Health Programs, the Administrative Office of the Courts, the Idaho Department of Juvenile Corrections (IDJC), and the Criminal Justice Commission participated in a Juvenile Justice and Child Welfare Multi-System Integration Certificate Program at Georgetown University's Center for Juvenile Justice Reform.

The team then developed an Idaho Capstone Project focused on attending to the needs of crossover youth. Idaho's Capstone Project is the initial piece of Idaho's Crossover Youth Project. It is an in-depth case file review of 10 or fewer crossover youth as well as an assessment and analysis of the information currently available in the IDHW, IDJC, and court case management systems. The results of Idaho's Capstone Project will inform the direction of, and next steps for, the Idaho Crossover Youth Project. The goal of Idaho's Capstone Project is to develop a heightened understanding of the processes and practices/policies that contribute to youth involvement in multiple systems. In order to make data informed decisions regarding optimizing system integration and thereby improving outcomes for crossover youth, Idaho seeks to:

- a) Identify and better understand the pathways of Idaho's dually involved youth.
- b) Highlight key decision points on those pathways.
- c) Recognize opportunities to enhance system integration.
- d) Recruit key stakeholders necessary to plan and implement interventions that will result in improved outcomes for dually involved youth.

## *This Past Year in Idaho*



The number of children served in foster care over the past four years has remained steady at an average of 2,457 children per year.

## *Legislative Updates*

The Idaho Legislature met from January 11, 2016 until March 25, 2016. During this session, CFS proposed and/or supported several pieces of legislation and rule changes necessary to implement federal expectations related to the Preventing Sex Trafficking and Strengthening Families Act. Changes passed included those related to the Reasonable and Prudent Parent Standard and the addition of successor guardians to IV-E Guardianship Assistance. A rule change to ensure Idaho would pay adoption subsidy benefits regardless of state funding also passed.

In addition to expected legislation, state legislators presented a number of proposed changes in response to concerns brought forward from foster families. These concerns largely focused on issues of placement changes, adoptive placement decisions, and relative placement. Beginning in the summer of 2016, CFS practices and policies will be evaluated by an interim legislative committee and the Office of Performance Evaluation. On July 1, 2016, the legislative changes will take effect. These changes include: the requirement for prospective adoptive parents to be identified in case plans and permanency plans; CFS decisions made during child protection cases become subject to judicial approval; seven days advance notice must be made to foster parents when CFS plans to move a child from a foster home; judicial approval becomes required for a child's placement if any party to the child protection case disagrees with the placement selected by CFS; and adoption petitions related to child protection cases must include a copy of the court ordered permanency plan including the names of the prospective adoptive parents. Initial training for all staff regarding these changes is planned for June 2016.

## (2) ASSESSMENT OF PERFORMANCE

During this reporting period, Idaho has been in the process of completing Round 3 of the Child and Family Services Reviews (CFSR). Idaho chose the option to conduct state administered on-site case reviews. In collaboration with the Administration for Children and Families Region X and the Children's Bureau CFSR Team representatives, CFS drafted policy, procedures and training components for the case review process.

The CFSR Round 3 Data Profile provided by the Children's Bureau in preparation for the Round 3 Statewide Assessment and Onsite Case Record Reviews, indicated Idaho met all the performance indicators for permanency, re-entry into foster care, placement stability, maltreatment in foster care, and recurrence of maltreatment (see Table 1.1 below). The Idaho Data Profile was generated based on information from 100% of foster care cases, which makes it a reliable source of information on the performance of the child welfare system. The data was reported through the Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS).

During this time, CFS also completed the first phase of the CFSR Round 3, the Statewide Self-Assessment, and submitted the final report March 25, 2016. The completion of the assessment provided an opportunity to gather and analyze qualitative and quantitative data and information to evaluate the state's child welfare program and practice. It contained the most recent analysis of the safety, permanency, and well-being outcomes and the effectiveness and level of functioning of seven systemic factors, typically reported annually through the APSR. Other data used in the Statewide Assessment included state-conducted case record review results from 2015 (108 cases), 2014 (210 cases), and 2013 (210 cases); as well as feedback from internal CFS stakeholders and external community partners.

Since 2008, Idaho has been working on meeting the negotiated goals established after Round 2 of the Child and Family Services Reviews (CFSR). Previous Annual Progress and Services Reports (APSRs) demonstrate improvements over time in practice and positive outcomes for children and families based on state-conducted case record reviews and federal reports produced from 2009 to 2015.

It should be noted that for Round 3 CFSR, the previously negotiated goals from Round 2 CFSR are no longer the performance targets. The federal standard to determine substantial conformity for this round requires at least 95% of all cases reviewed during the Onsite Case Record Review, be rated as "substantially achieving" each outcome measure evaluated through the Onsite Review Instrument (OSRI). Also, each item under the seven systemic factors will be rated as a "strength" or "area needing improvement" based on data and information reported by the state in the Statewide Assessment as well as federal interviews conducted with internal and external stakeholders. Each item must be occurring or being met consistently and on an ongoing basis across the state and for all relevant populations in order to be rated as a strength.

Any outcome measure or systemic factor found to be an area needing improvement by federal standards will be addressed through a five-year Program Improvement Plan. The most recent data and analysis on the assessment of performance can be found by reviewing Attachment 7: Idaho's Updated Statewide Assessment.



Table 1.1 Idaho Safety and Permanency Data Profile

CFSR Statewide Data Indicator Performance & PIP Status	Data Used 12 month period	Observed Performance			Risk-Standardized Performance (RSP) & National Standard (NS)			Performance Improvement Plan (PIP)		
		Denominator	Numerator	Percentage or Rate	Lower RSP	RSP	Upper RSP	NS	Performance related to NS	Companion Indicator (if applicable)
Permanency in 12 months (entries)	12B13A	975	448	45.9%	43.9%	47.1%	50.3%	40.5%	Met	
Permanency in 12 months (12-23 mos)	14B15A	328	195	59.5%	49.7%	54.4%	59.0%	43.6%	Met	
Permanency in 12 months (24+ mos)	14B15A	189	91	48.1%	39.5%	45.2%	51.1%	30.3%	Met	
Re-entry to care in 12 months	12B13A	436	10	2.3%	2.7%	4.2%	6.6%	8.3%	Met	
Placement stability	14B15A	150,051	589	3.93	3.60	3.90	4.23	4.12	No dif	
Maltreatment in foster care	14A14B	477,514	18	3.77	3.59	5.49	8.39	8.50	Met	
Recurrence of maltreatment	FY13	1,714	60	3.5%	3.8%	4.8%	6.0%	9.1%	Met	

#### Table Notes

**12 month period:** The 12-month period described in the denominator for this indicator (see Data Dictionary). "FY" (e.g., FY13) refers to NCANDS data which span Oct 1st - Sept 30th. All others refer to AFCARS data: 'A' refers to Oct 1st - Mar 31st; 'B' refers to Apr 1st - Sep 30th. The two digit year refers to the calendar year in which the period ends (e.g., 13A = 10/1/12 - 3/31/13; FY13 = 10/1/12 - 9/30/13).

**Data Used:** Refers to the initial 12-month period and the period(s) of data needed to follow the children to observe their outcome.

#### Observed Performance

**Denominator:** For Placement stability and Maltreatment in foster care - Number of days in care. For all other indicators - Number of children.

**Numerator:** For Placement stability - Number of moves. For Maltreatment in foster care - Number of victimizations. For all other indicators - Number of children.

**Percentage or rate:** For Placement stability - Moves per 1,000 days in care. For Maltreatment in foster care - Victimizations per 100,000 days in care. For all other indicators - Percentage of children experiencing the outcome.

#### Risk-Standardized Performance (RSP) & National Standard (NS)

**RSP:** Risk-standardized performance. The RSP is derived from a multi-level model and reflects the state's performance relative to states with similar children and takes into account the number of children the state served, the age distribution of these children, and, for some indicators, the state's entry rate.

**Lower RSP and Upper RSP:** 95% interval estimate around the RSP. Reflects the amount of uncertainty associated with the RSP. For example, the CB is 95% confident that the true value of the RSP is between the lower and upper limit of the interval.

**NS:** National standard. The observed performance for the nation as described in the Federal Register notice.

**Performance related to NS:** Indicates whether the state's 95% interval showed that the state met, did not meet, or was no different than the NS. "No Dif" means the interval includes the NS. For the permanency in 12 months indicators, "Met" is used when the entire interval is above the NS; "Not Met" is used when the entire interval is below the NS. For the remaining indicators, "Met" is used when the entire interval is below the NS; "Not Met" is used when the entire interval is above the NS. "No Dif" and "Met" do not require PIP inclusion of the indicator.

#### Performance Improvement Plan (PIP)

**Baseline:** A preliminary PIP baseline derived from the state's observed performance for the indicator using the most recent 12-month period of available data. At the time the state's PIP is due, the baseline is specified and will remain the same with the exception of certain situations when the state resubmits data for the baseline period.

**Threshold:** If the state must include permanency in 12 months (entries) in its PIP, the state must also not go above the threshold shown for re-entry to foster care. If the state must include re-entry to foster care in its PIP, the state must not go below the threshold shown for permanency in 12 months (entries).





Idaho

Children's Bureau

An Office of the Administration for Children &amp; Families

November 2015

CFSR 3 Data Profile

Submissions as of 08-19-15 (AFCARS) and 09-25-15 (NCANDS)

**Data Quality:** These checks are used when estimating state performance against the national standards and calculating PIP baselines, targets, and companion measure thresholds. Values in bold indicate that the percentage of problem cases exceeded the data quality limit. Blank cells indicate the check is not applicable. To determine if a data quality problem prevented estimating state performance against national standards, calculating PIP values, or both, see the table on page 1. Percentages below have been rounded for purposes of presentation. Data quality limits are applied to unrounded values.

### AFCARS Data Quality Checks

MFC = Maltreatment in foster care

Perm = Permanency in 12 months for children entering care, Permanency in 12 months for children in care 12-23 months, Permanency in 12 months for children in care 24 months or more, and Re-entry to care in 12 months.

PS = Placement stability

	Limit	MFC	Perm	PS	108	11A	11B	12A	6 month periods						14A	14B	15A
									12B	13A	13B	13C	13D	13E			
AFCARS IDs don't match from one period to next	> 40%	✓	✓	✓	31.2	33.5	29.3	31.4	28.7	26.4	29.2	34.2	34.2	36.6			
Age at discharge greater than 21	> 5%	✓	✓	✓	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Age at entry is greater than 21	> 5%	✓	✓	✓	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Date of birth after date of entry	> 5%	✓	✓	✓	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Date of birth after date of exit	> 5%	✓	✓	✓	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Dropped records	> 10%	✓	✓	✓	0.5	0.3	0.0	0.2	0.0	0.0	0.0	0.2	0.2	0.0	0.0	0.0	0.0
Enters and exits care the same day	> 5%	✓	✓	✓	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Exit date is prior to removal date	> 5%	✓	✓	✓	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
In foster care more than 21 yrs	> 5%	✓	✓	✓	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Missing date of birth	> 5%	✓	✓	✓	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Missing date of latest removal	> 5%	✓	✓	✓	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.0	0.0	0.0	0.0
Missing discharge reason (exit date exists)	> 5%	✓	✓	✓	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Missing number of placement settings	> 5%	✓	✓	✓	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.1	0.1	0.1
Percentage of children on 1st removal	> 95%	✓	✓	✓	78.1	78.0	76.7	77.6	77.0	77.8	79.9	80.2	80.2	79.4	78.9		

### NCANDS Data Quality Checks

MFC = Maltreatment in foster care, RM = Recurrence of maltreatment

	Limit	MFC	RM	Fiscal Years						
				2011-12	2012-13	2013-14	2014	2015	2016	2017
Child IDs for victims match across years	< 1%	✓	✓	1.5	1.9	2.2				
Child IDs for victims match across years, but DOB and sex do not match	> 5%	✓	✓	0.0	0.0	0.0				
Missing age for victims	> 5%	✓	✓							
Some victims should have AFCARS IDs in child file	< 1%	✓	✓							
Some victims with AFCARS IDs should match IDs in AFCARS files	No	✓	✓							

### (3) PLAN FOR IMPROVEMENT

Child and Family Services (CFS) has made significant progress in the delivery of child welfare services since Round 1 of the Child and Family Services Reviews (CFSR) in 2004. Round 2 CFSR gave CFS an opportunity to conduct a deeper analysis and make more improvements both in processes, outcomes and in the culture of the agency. With the exception of Placement Stability and some intermittent difficulty with Timely Reunification/Re-entry, CFS has exceeded in all of the outcome indicators and met the Program Improvement Plan's (PIP-2) negotiated goals for Round 2 CFSR.

During this reporting period CFS has been in the process of completing Round 3 of the CFSR. Idaho chose the option to conduct state administered on-site case reviews. Approval to implement the state option was received and case reviews will occur in the states' seven regional offices starting in April of 2016.

Idaho's CFSP goals and objectives will be updated as part of the development of a Program Improvement Plan for Round 3 of the CFSR. Once Idaho has updated data from the CFSR, an addendum updating Idaho's goals, objectives, measures, and activities will be developed in collaboration with internal and external stakeholders.

*Goal 1: Children will only be placed in foster care when they are unsafe and a sufficient safety plan cannot be managed in the home*

Through examination of quantitative and qualitative data obtained from case record reviews, interviews with families, and feedback collected from stakeholders, it was determined the most important factor in a case was the initial safety assessment and whether or not the assessment clearly identified the safety issues for the children. When the safety issues were not clearly defined, it resulted in an increase in time to reunification, an increase in foster care re-entries, and a significant number of children being adopted within 24 months. CFS found workers and law enforcement were placing children in foster care for risk-related issues as opposed to safety threats. Often "impossible to complete case plans" were developed with parents focusing on risk or quality of life issues unrelated to the safety of the children. Parents, who were unable to change their life circumstances enough to have their children returned to them, ran up against Adoption and Safe Families Act (ASFA) and statutory timelines; as a result, terminations would occur by virtue of parents' inability to comply with case plan tasks unrelated to establishing a safe home for their children.

This data supported the fact that in many areas of the state, workers had not been consistently applying the safety model previously in place. This has forced CFS to look critically at our safety model. Beginning in 2013, CFS has worked with the National Resource Center on Child Protection to enhance safety practice in Idaho and ensure workers are conducting comprehensive safety assessments. This has and continues to be a significant undertaking in terms of critical thinking and training to staff, all of our partner agencies and the courts. Workers are challenged to be able to articulate the family conditions which are keeping the child safe or are contributing to the safety threats to the child. Case plans should be tied directly to the identified safety threats in order to focus families on precisely what needs to change in order to maintain the child's safety in the home without CFS intervention. Ultimately, children should only be placed in foster

care when there are no other safe options and children placed in foster care should return to their homes as soon as a sufficient safety plan can be maintained in the home.

To ensure the enhanced safety practice model is fully implemented throughout the state, CFS will continue to provide training to staff and to key community partners. We will fully implement a statewide consultation and staffing process which follows, and further reinforces, the enhanced safety model. We will work with our current contractors and develop new contracts for in-home safety related services that will be adequately intensive to both prevent children from entering foster care and make it possible for children in foster care to return home sooner.

#### **Data Outcome Goals**

- Increase in Exits to Reunification within 12 months to federal outcome standard by 2018  
National Standard: AFCARS 12B-15A 40.5%  
Idaho Performance: AFCARS 12B-15A 45.9%
- Percentage of Adoptions in less than 24 months beginning in 2018  
National Standard: AFCARS 14B-15A 43.6%  
Idaho Performance: AFCARS 14B-15A 59.5%
- Increase Risk and Safety Management, OSRI case record review to 92 percent by 2018  
Baseline: CY2013 85%  
2015 Performance: CY2015 86%
- Decrease and maintain re-entries below the federal outcome standard by 2019  
National Standard: AFCARS 12B-13A 8.3%  
APSR Update: AFCARS 12B-13A 2.3%

#### **Feedback Loops**

The state recognizes the importance of both internal and external stakeholder feedback and ongoing collaboration to effectively achieve Goal 1. It is paramount the agency as a whole, as well as our community partners including the tribes, courts, law enforcement and others be included in the continued implementation and monitoring of our progress. To this end, stakeholder feedback loops are purposefully embedded within each intervention.

Input was sought from CFS workers regarding what training topics they felt were most needed via an online survey. Curriculum for these topics has been created and is being offered around the state. New Worker Academy has been revised to include the enhanced safety model of practice and is provided to new workers, current workers who would like additional support, and community members at large. Community members who have attended include some of our Tribal partners. (For additional information on monitoring of training progress see Attachment 6: Staff and Provider Training Plan).

Significant feedback from workers was sought for the creation and implementation of the iCARE safety assessment tool prior to implementation. A structure for continuous user feedback was in place through our iCARE system and is a venue for individual workers as well as statewide leadership to provide input to monitor progress and make tool modifications. Adjustments to the tool are made on a continual basis as a result of both feedback sources. The adjustments have included a formatting change to the caregiver protective capacities and minor edits to increase ease of use for workers.

A group of leadership collaboratively developed the case consultation and staffing process to further embed the enhanced safety model into our work. A statewide group known as the

Coaching Cohort was identified to provide coaching utilizing the case consultation and staffing process within their local areas. This group has been providing ongoing monitoring and feedback and making any needed adjustments to the case consultation and staffing process. The group has met three times during this reporting period, on August 25, 2015, October 9, 2015, and December 11, 2015. Adjustments to the process as a result of feedback from this group include: creation of standardized presenter and facilitator formats and finalization of the statewide guidelines for consultation and staffing. As implementation plans are further developed for Objectives 2 and 3, continuous feedback loops will be embedded in those strategies.

Collaboration with external partners included meetings with the prosecutors and Guardians Ad-Litem in the West Hub, to provide training and discussion on the enhanced safety model of practice. Chiefs of social work also participate regularly in bi-monthly Multi-Disciplinary Team (MDT) meetings with a variety of stakeholders including law enforcement, members from the Children's Advocacy Centers, prosecutors, victim witness coordinators, juvenile and adult probation representatives, and school district officials; topics such as removal of children from their homes is discussed and information provided by CFS regarding child protection practices based on the enhanced safety model.

An example of positive outcomes impacting Goal 1 comes from the Boise Police Department. After participating in an MDT meeting, local detectives had questions about their role in the enhanced safety model; as a result, law enforcement is beginning to involve CFS early in their investigations and making child safety decisions in partnership with social workers. This allows CFS to identify potential services to prevent children from entering foster care and ensuring safety thresholds are met before a child is declared in imminent danger.

### ***Implementation Supports***

At this time, CFS has all identified implementation supports in place for successful implementation of the revisions to Goal 1. Revisions to goal 1 are mainly timeframe adjustments which are needed in order to establish baselines. Implementation supports include data system improvements, standard revision, training and coaching, and may include specific budget requirements and collaborative agreements with other partner agencies during 2018-2019 for the purpose of increasing safety-related services.

**Objective 1** –By 2018, CFS will consistently conduct comprehensive safety assessment with fidelity to the enhanced safety practice model.

**Measure:** A comprehensive safety assessment with fidelity to the model is in evidence in 90 percent of cases as measured during case record reviews.

**Baseline:** No baseline data is available until December 2016 when initial QA is conducted through case record reviews.

**Intervention 1:** During 2015-2019, continue training workers on enhanced safety practice model.

### ***APSR Update***

New Worker Academy curriculum continues to be facilitated in tandem with the embedded trainers and child welfare program specialist for consistency in application of the enhanced safety practice concepts. Academy trainings are open to all staff that may need to revisit concepts and several supervisors and workers

have attended the safety trainings for additional support. The four trainings requested by staff in December 2015, safety planning, documentation, interviewing and assessing caregiver protective capacities have been completed or are in progress in all hubs across the state (see Attachment 6: Staff and Provider Training Plan). A coaching model and a case consultation and staffing process has been created to further embed the enhanced safety model in daily assessment work (see intervention 3 for additional information on the consultation and staffing process).

**Intervention 2:** By end of 2015, implement new safety assessment tool in iCARE.

***APSR Update***

Intervention completed.

**Intervention 3:** By end of 2018, develop and implement a statewide consultation and staffing format to support supervisors on the new enhanced safety practice.

***APSR Update***

The Coaching Cohort is comprised of individuals from various field offices who completed initial training in July 2015. They provide targeted support by facilitating staffings and coach supervisors to facilitate staffings in their local areas. The Coaching Cohort meets every six weeks to share information, ask questions, and provide updates on the progress of their hub-based implementation plans. The Cohort has finalized a statewide matrix of minimum expectations for conducting consultation and staffing forms. The matrix will be used to develop the statewide implementation plan for finalization December 2016. This plan will establish timelines and benchmark measures as progress indicators and for evaluative purposes.

**Objective 2** – By 2019, there will be an increase in safety service resources to support in-home safety plans.

**Measure:** Safety service resources will increase in each hub over established baseline.

**Baseline:** To be determined.

**Intervention 1:** Research and create contract-based resources for safety-related in-home services to support in-home safety plans will begin in 2017.

***APSR Update***

Intervention on target for 2019.

**Objective 3** – By 2019, case plans are directly related to safety issues and focused on enhancing parenting capacities.

**Measure:** During case record reviews, the needs identified in the comprehensive safety assessment and the Child and Adolescent Needs and Strengths Assessment are matched to the services identified in the case plan in 90 percent of cases.

**Baseline:** No baseline data is available until December 2016 when the model will be fully implemented and QA is conducted through case record reviews.



**Intervention 1:** By 2019, assure case planning training is modified per the safety practice model and the CANS.

***APSR Update***

Intervention on target for 2019.

***APSR Revisions to Goal 1, Objectives, and Interventions***

The target date for Objective 1 has been revised to 2018 in order to fully incorporate the Comprehensive Safety Assessment (CSA) Quality Assurance (QA) data and establish a baseline. Initial QA of the CSA will be completed by December 2016. The target date for Objective 1, Intervention 1 has been revised to 2018 in order to incorporate CSA QA data and information collected from the coaching cohort and hub-based implementation plans for development of a statewide implementation plan for consultation and staffing. Target dates for Objective 2 and 3 were revised to be more realistically achieved in relation to necessary date revision in Objective 1.

*Goal 2: The agency will have a functional, sustainable and inclusive feedback loop for a Continuous Quality Improvement System which values stakeholder and family engagement*

As part of the process for developing the Child and Family Services Plan and subsequent Annual Progress and Services Reports, a need has been identified to formalize the collaboration between CFS and internal and external partners such as staff, tribes, policymakers, courts, law enforcement, children, youth, and families.

The intent of these collaborations is to establish the shared responsibility for the safety, permanency, and well-being of children between CFS and other partners who can help achieve positive outcomes for families in Idaho. The collaborations also provide an opportunity to evaluate the child welfare system, identify areas needing improvement, and build on promising practices designed to address local and statewide needs.

**Data Outcomes Goals:**

- Sustained improvement at or above 90 percent on the goal for Family Involvement in Case Planning from the results of case record reviews.

**Baseline:** CY2013 91%

**APSR Update:** CY2015 87%

***Feedback Loops***

It is important that our community partners including the tribes, courts, law enforcement and others be included in the continued implementation and monitoring of our progress. Significant feedback from the leadership team was sought to brainstorm for ideas to strengthen stakeholder involvement in the development of the APSR. Their feedback is reflected in the interventions below.

For example, Program Managers from the West Hub have been meeting with Keeping Children Safe Panel members to encourage their participation in the various aspects of CQI, from participating in the Statewide Stakeholder meeting, to reviewing cases during onsite Case Record Reviews. Two panel members expressed interest in becoming trained Case Record Reviewers and will attend the On-Site Review Instrument training later this Fall.



To support the achievement of Goal 2, the Chief of Social work in Region 6 attends monthly community meetings with faith-based organizations, schools, community resource workers, juvenile corrections/probation, children's DD program, children's mental health, law enforcement, to discuss issues affecting children in their community. Region 6 closes the feedback loop by reporting any feedback received during these meetings to the Hub Manager, who then takes the information to CFS leadership.

In Region 4, feedback received through various channels indicated communication between foster parents and CFS needed improvement. As a result, Region 4 chiefs of social work began attending the last session of new foster parent training (PRIDE) to discuss on-going communication and invite foster parents to engage in an open line of communication with supervisors and Hub leadership to ensure their needs as foster parents are being met.

### ***Implementation Supports***

Revisions to objectives and interventions during the current reporting period consisted of timeframe updates. Supports needed to implement each intervention below are currently available. No implementation support barriers have been identified at this time.

**Objective 1: By end of 2016,** an assessment will be completed of all our stakeholders and their relationships. Regular communication channels will be assessed. A structure for comprehensive communication will be proposed.

**Measure:** Stakeholder feedback component of CQI program is established and meets the needs of the Department and the stakeholders as assessed by feedback.

**Baseline:** Feedback received from stakeholders at the Annual Statewide Stakeholder meeting in 2015 highlighted the need for local stakeholder groups that meet regularly to inform the larger annual stakeholder meeting.

**Intervention 1:** By 2016, develop standard procedure for collecting, summarizing, documenting and posting feedback. This needs to be done in a timely progression so ideas from any level in the system can make their way into forums where policy, practice, rule and operational changes are considered and formalized. Use of the internet to communicate information will be prioritized.

### ***APSR Update***

Currently, stakeholder feedback is formally gathered through annual stakeholder meetings. Additional work is needed to increase attendance and improve the outcomes of these meetings. In 2016, CFS will use focus groups, interviews, face-to-face meetings and surveys to elicit the participation of stakeholders in the monitoring and implementation of the APSR.

**Objective 2:** By December 2016, a standard for stakeholder engagement and feedback will be formalized and implemented. Stakeholders will be periodically asked to provide self-report feedback on the amount and quality of engagement they experience.

**Measure:** Presence of standard. Assessment of qualitative feedback from stakeholders that they are satisfied with level of involvement, communication and feedback.

**Baseline:** Practice standard is currently under development and has not been finalized.

**Intervention 1:**

- a. Quality Assurance Program Specialist will discuss the strategies in the Stakeholder Engagement Standard with the Management Team.
- b. Quality Assurance Program Specialist will lead the implementation of the standard.
- c. The draft standard will be disseminated to appropriate regional staff and stakeholder group for input.
- d. Program Manager will review final draft standard and submit to Division Administrator and Legal department for review and approval.

#### ***APSR Update***

Intervention on target for December 2016.

#### ***APSR Revisions to Goal 2, Objectives, and Interventions***

Timeframes were updated on objective 1 to accommodate new feedback received in 2015 regarding the structure and challenges of the Annual Statewide Stakeholder meeting.

#### ***Goal 3: Idaho will have a child welfare system that is trauma-informed***

Idaho was approved for a title IV-E waiver in October 2013. Waiver services are targeted at children, youth and their families and include Family Group Decision Making meetings, trauma assessment and treatment, and the evidence-based Nurturing Parenting Program. Our title IV-E waiver implementation plan has very specific goals, objectives, tasks and timeframes outlined.

We have access to generic counseling services for children in foster care, but not the types of trauma-informed assessment and services that are needed. Without access to these specialized services, many resource parents, workers, and birth parents have developed an over-reliance on psychotropic medications to reduce problem behaviors rather than less intrusive interpersonal management of symptoms. During 2015, 19.3% (478 out of 2479) foster youth were prescribed at least one psychotropic medication.

In general, we do not have a thorough understanding of the needs of the children in foster care. Treatment services are general and are provided to both children and their families. In order to get relevant services to meet the needs of children and families we need to work more closely with the Medicaid and Behavioral Health divisions within our agency. Children in foster care whose permanent plan is adoption need to be prepared to be adopted in order to be successful. Their parents also need to be prepared to adopt a child and address their needs in a trauma-informed manner. At the current time, we have limited post-adoptive services in communities, especially for adoptions from foster care. Rather than waiting to treat children after they are adopted, we need to understand and address the needs of those children prior to adoption. We need to identify effective services, train providers and others to provide them, and examine reimbursement strategies for those needed services to make them accessible.

These types of trauma-informed assessments and services will help us to better meet the needs of children and youth who are currently in residential care. We are determined to reduce the use of residential care for foster youth.

Workers and supervisors also report needs related to secondary trauma in the workforce.

## Data Outcomes Goals:

- Idaho will continue to improve stability of placements for children in care by decreasing the number of moves per 1,000 days in care from 3.57 to 3.45 by 2019.

**Baseline\*:** 2014 National Standard 4.12 moves  
2014 Idaho Performance 3.57 moves

**APSR update:** 2015 National Standard 4.12 moves  
2015 Idaho Performance 3.93 moves

- Through the use of trauma-informed assessments and interventions, Idaho will decrease the number of children placed in residential care to 8% by 2019.

**Baseline:** 2014 8.3% of children were placed in residential care

**APSR update:** 2015 8.5% of children were placed in residential care

- As Idaho strives to have a child welfare system that is trauma-informed, the reoccurrence of maltreatment while in foster care will decrease from 3.58 victimizations per 100,000 days in care to 3.0 by 2019.

**Baseline\*:** 2014 National Standard 8.5%  
2014 Idaho Performance 3.57% victimizations

**APSR Update:** 2015 National Standard 9.1% victimizations  
2015 Idaho Performance 3.50% recurrence of maltreatment

\*Data measures developed in 2014, no data available in this format for prior years.

## Feedback Loops

CFS values the importance of internal and external stakeholder feedback, and how ongoing partnerships are critical to the success of achieving Goal 3. We have closely collaborated with Casey Family Programs and the Division of Behavioral Health in the development and implementation of our trauma-informed assessment process, the Child and Adolescent Needs and Assessment (CANS) tool. Dr. Nate Israel, a Policy Fellow at Chapin Hall, was brought in to provide an assessment and recommendations for the Department in collaborating with stakeholders in creating a trauma-informed network of care through the utilization of the CANS tool. Stakeholders that have been involved in this process include the Division of Behavioral Health, CFS, Medicaid, Optum Idaho, and the Department of Juvenile Corrections. Dr. Israel will continue to provide consultation to the Department around this area as we continue our work and collaborations with the CANS tool. Additionally, CFS has engaged stakeholders in participating in training on the CANS that was provided by Dr. Lyons, the developer of the CANS tool. These stakeholders included a former foster youth, foster parents, community providers, as well as the Division of Behavioral Health. CFS has engaged PATH (our treatment foster care provider) in discussions regarding the utilization of the CANS tool. Our tribal partners were informed of and encouraged to attend our training on the CANS. The ICWA Program Specialist encouraged the tribal members to attend and to become certified on the CANS tool in an effort to collaborate on a trauma-informed approach on working with families.

CFS workers and leadership identified the need to provide guidance around supporting staff through critical incidents and traumatic experiences, and are currently in the process of developing a guide for supervisors to support staff.

Based on feedback and information provided by the Division of Medicaid on psychotropic medication use by children in foster care, a statewide overview of the data and trends was provided to each regional staff in an effort for them to gain awareness on the overutilization of psychotropic medication. CFS is meeting regularly with the division of Medicaid to review data and create a plan to reduce the reliance of psychotropic medications. In June, CFS met with the Governor's Task Force on Children at Risk to provide them with updated data, as well as an overview of steps that the Department has taken regarding the use of psychotropic medications with foster youth. This task force is comprised of many stakeholders; including law enforcement, court partners, the medical and mental health community, educators, a parent, and a former foster youth. The Department will continue to engage this group in discussing data, practice enhancements, and identified next steps.

CFS plans to expand its collaboration with Medicaid to include Optum in an effort to establish an interdisciplinary workgroup.

Our post-adoption workgroup is working towards a more trauma-informed continuity of care with our post-adoptive services. Members include participation from multiple community members; including a private adoption agency, a community based trauma-informed/certified therapist, and a Keeping Kids Safe panel member. State Hospital South and Children's Mental Health staff are also participating in this workgroup. Several participants have dual roles within adoption both professionally and personally (as adoptive parents or adult adoptees). Our older youth alumni have been invited to participate in this process, as well. Feedback was obtained from adoptive families receiving adoption assistance in Idaho through the use of a survey. This information will be used to target specific needs and services prioritized by adoptive families. Adoptive families will be invited to participate in the design of the post-adoption process. All workgroup participants are included in the process of identifying the needs to be addressed; services/process to meet those needs; identifying outcome measures; and developing the ongoing review process to ensure continued success of the process which is created.

CFS created flyer for stakeholders about the Nurturing Parenting Program to promote awareness and understanding of the intervention. We continue to collaborate with our staff and leadership team on how we partner with and educate our stakeholders on the implementation of the trauma-informed interventions and services such as the CANS tool, the Nurturing Parenting Program, and FGDMs.

Additionally, we have continued to engage our IV-E Waiver workgroup participants through regular workgroup meetings and trainings. The primary roles of the workgroup members are assisting in making recommendations and assisting in decision making to inform the planning of and statewide implementation of each Waiver intervention area. Participants in these meetings include CFS staff, representation from the Division of Behavioral Health, University partners, community providers, staff from the Kempe Center, and Casey Family Programs staff.

The CFS ICWA Program Specialist engages our tribal partners in our collective work of enhancing trauma-informed practices. As part of its annual conference in October 2015, the

Idaho Indian Child Welfare Advisory Council (ICWAC) facilitated a session centered on historical and generational trauma and trauma-informed practice.

Our tribal partners are invited to attend trainings provided by the Department; including Child Welfare Academy sessions, as well as the Foster Parent Resource Training. Through regular collaborations with the ICWA Program Specialist, the tribes are providing feedback into the progress of our goals around establishing a trauma-informed child welfare system of care. The Nez Perce tribes expressed interest in becoming trained in the use of the CANS tool.

Foster parents are regularly engaged by CFS in the process of developing a trauma-informed system of care. Regional Peer Mentors have provided input into the online PRIDE (Parent Resources for Information Development and Education) training model that has been developed. Trauma core training has been conducted for foster parents in various locations throughout the state. The One Church One Child program provided the trauma-based Empowered to Connect conference to adoptive and foster parents, as well as professionals. CFS is currently in the process of exploring additional ways to gather feedback from foster parents regarding the progress of our goal. For additional information on how foster parents have been engaged in this process, please refer to Systemic Factor 7: Foster/Adoptive Parent Diligent Recruitment Plan.

We continue to engage our Child Welfare Stakeholder group, which includes court partners, youth, a community mental health provider, law enforcement, university partners, Court Appointed Special Advocates (CASA), resource parents, and birth parents. At the last meeting, participants were asked to provide their feedback on how the Department is addressing this goal, as well as challenges and opportunities in achieving this goal.

CFS has continued to engage our stakeholders in monitoring the progress of our identified goals. This has been done through a variety of strategies; including regular IV-E Waiver workgroup meetings, ongoing communication requesting feedback, as well as through discussions with our stakeholder group.

### ***Implementation Supports***

CFS has identified all needed implementation supports in order to successfully implement Goal 3. Revisions to Goal 3 are primarily around timeframe adjustments. The timeframe around objective 1 has been modified due to the need for ongoing research and collaboration between programs regarding the guidance for supporting staff through critical incidents. We have adjusted the timeframe around having a more formalized method to help assess the physical and emotional safety and well-being of resource families as we continue to research this area. Additionally, we have modified the timeframes around some of our IV-E Waiver activities due to high contract bids received for NPP, as well as the identified need to provide additional time in between the phased implementation of the CANS tool.

Medicaid recently discovered issues with how data on psychotropic medication use has been generated and reported in the past. They are currently in the process of rerunning reports that will yield accurate data. We have identified limitations within our iCARE system as psychotropic medications are not easily identified within the database. We will work with our program development team on this, and are currently able to gather the data needed through our Medicaid department.

Currently, we have NPP classes running in our East Hub. We have been unable to implement the service in the North and West Hubs due to extremely high contract bids. Our leadership will continue to explore options around how we can provide services to our families in the North and West Hubs.

**Objective 1** – By 2019, CFS will reduce negative symptoms of secondary trauma.

**Measure:** Staff self-report negative impacts of secondary trauma symptoms will be reduced.

**Baseline data:** Baseline data will be available by October 2016 after a survey is completed by CFS staff.

**Intervention 1:** By 2015, develop in-service training for staff and supervisors regarding secondary trauma.

**Intervention 2:** By 2016, supervisors will receive training for supporting staff that experience secondary trauma.

**Intervention 3:** By 2017, CFS will develop guidance for supporting staff through critical incidents.

### ***APSR Update***

The supervisor workgroup has been continuing to research and gather additional information from stakeholders, community partners, and other states regarding effective interventions to reduce the use of psychotropic medications. At this time, CFS is working with Human Resources and the Department of Operations to ensure our guidance developed is in alignment with the policies and procedures within the Human Resources department, as well as other regional operational processes. Due to the ongoing research and collaboration between programs, our intervention timelines have been delayed.

In 2015, several child welfare staff completed the Neurosequential Model of Therapeutics web-based training. In addition, several staff completed a two-day Child Welfare Trauma Training in-service that was developed by the National Child Traumatic Stress Network. In early 2016, a new Child Welfare Academy Session, FACS Self-Care for Child Welfare Staff: Managing the Impact of Secondary Traumatic Stress and Worker Safety, was rolled out and is currently being offered to all new and existing staff. In-service training for staff and supervisors was developed in the winter of 2014 in partnership with Central Office program specialists and our university partners. The in-service curriculum will address how child welfare workers and supervisors can utilize tools for self-care and promote resiliency among the workforce. These in-service sessions will occur in 2016. During the summer of 2016, program leadership will receive a half-day workshop on Managing the Impact of Traumatic Stress in Child Welfare. The supervisor workgroup will continue to research existing guidance for supporting staff and will design and implement program-specific guidance for staff in experiencing critical incidents.

**Objective 2** – Beginning in 2016, reduce reliance on psychotropic medication to manage deregulated behavior of foster children.



**Measure:** Beginning in 2016, fewer children will be prescribed fewer psychotropic medication and other trauma related services will increase.

**Baseline:** Medicaid has recently identified some issues with how the data has been generated in past years. They are in the process of rerunning data reports that will reflect accurate statistics and information.

**APSR Update:** 2015 data reflects Idaho's foster children received psychotropic medications as follows: 12% received ADHD medications, 4% received antianxiety medications, 2% received mood stabilizers, 12% received antidepressants, and 9% received antipsychotics.

**Intervention:** Continue plan for monitoring the use of psychotropic medications with foster youth.

### ***APSR Update***

As Medicaid recently identified some issues with how the reporting data has been generated in past years, they are currently in the process of rerunning reports that will yield more accurate data on the use of psychotropic medications with children and youth in foster care. Once this has been completed, we will have the ability to complete and provide further analysis. We continue to develop and implement trauma-informed intervention strategies for parents, resource parents, youth, and children to help self-regulate so we can reduce the use of psychotropic medication in our children and youth. CFS will be revising our existing training and resources on psychotropic medication to reflect current statistics and evidence-informed strategies for interventions. Through updating our trainings and resources, child welfare workers, resource parents, birth parents, legal guardians, and youth will have an increased awareness around trauma-informed care, children's behaviors, and various modalities of treatment to include but not be limited to behavior management, the use of psychotropic medications, and therapy.

Addressing this issue remains a top priority for both the Division of Medicaid and CFS. CFS will be expanding this partnership to include Idaho's Medicaid behavioral health benefits contractor (Optum). Through these partnerships, CFS will explore the availability of resources; including those specific to medication consultation. Additionally, CFS will be researching innovative ways to utilize technology to help alert staff as to when medical consultation/review may be needed. CFS will be working to provide additional guidance to staff around this critical endeavor.

CFS will partner with Medicaid to research and analyze high-end users of psychotropic medications, alongside whether concurrent evidence-based treatment interventions are in place. The research and analysis of high-end users will provide CFS and Medicaid with data and additional insight into case specifics so targeted interventions can be developed.

Limitations have been identified within our iCARE system. While we are able to identify all medications prescribed to foster care children through our Medicaid department, psychotropic medications are not easily identified in iCARE. In order

to be able to successfully monitor the psychotropic medications foster children are prescribed, we will work with our program development team to create a way within our iCARE system to record and report on this information. CFS will continue to actively work with our community partners and staff to monitor and reduce the use of psychotropic medication among children in care.

**Objective 3** – By 2018, the state will have the internal and external capacity for trauma-informed assessment and case planning.

**Measure:** Social workers are able to complete the CANS, using it in conjunction with the safety assessment to inform case planning; increase the level/number of trauma-informed treatment services; increase placement stability; reduce re-entry; increase timely reunification; decrease utilization of congregate care; and increase the number of youth aging out of foster care with a permanent placement or plan.

**Baseline:** No baseline data will be available until 2017 when the use of the CANS is fully implemented.

**Intervention 1:** In 2015, continue training workers, families and resource families about the impacts of trauma across the lifespan.

**Intervention 2:** By 2016, implement CANS assessment tool.

**Intervention 3:** By 2017, develop method to help assess physical and emotional safety and well-being of resource families to improve stability and inform placement moves.

**Intervention 4:** By 2017, develop community capacity of trauma-informed treatment services.

#### ***APSR Update***

In January of 2015, our CANS Tool Development Workgroup developed a CANS tool that was approved for CFS. Our CANS State Lead Implementation Workgroup developed an implementation plan for the training and use of the CANS tool. In June of 2015, we provided a statewide Train the Trainer session on the use of the CANS tool. This was followed by a second Train the Trainer, where we doubled the number of our certified CANS trainers to 50. Our CANS State Lead Certified Trainer Workgroup meets regularly and assists in making recommendations to inform the statewide implementation planning and use of the CANS tool. By June 2016, 50% of our case-carrying staff will be certified users of the CANS tool. Progress on the implementation of the CANS assessment tool continues to be made as outlined in the Title IV-E Waiver Activities Training Plan and Implementation Rollout for Idaho (Appendix B).

CFS recently made the decision to terminate our IV-E waiver agreement. While under the waiver, we have struggled to function within the limits imposed by our capped allocation. The financial constraints resulted in our program not being able to take advantage of increased flexibility in using IV-E dollars for services that were previously not IV-E eligible. From a practice perspective, there should be very limited impact. We will continue with our statewide implementation of the CANS tool. We will continue to resource FGDM services across the state.

Currently, we have the Nurturing Parenting Program (NPP) running in our East

Hub. We have been unable to implement the service in the North and West Hubs due to extremely high contract bids. Our leadership will continue to explore options around how we can provide services to our families in the North and West Hubs.

In the past year, we have continued to provide training on the lifetime impacts of trauma to our workers, families and resource families. Resource parent training included the *Caring for Children Who Experienced Trauma* workshop, which continues to be facilitated six times throughout the state. Child Welfare workers, resource parents, university partners, and community partners have received Bruce Perry's *Neurosequential Model of Therapeutics Case Based Series. Recognizing and Mitigating Secondary Traumatic Stress* training is being provided for all new and existing Child Welfare workers. We will continue to research trauma-informed training, and will continue to provide Child Welfare workers with in-service training regarding trauma-informed practice and interventions. We continue to make progress on this intervention through multiple capacities. We continue to engage our stakeholders through regular meetings that engage them in providing consultation and the implementation of trauma-informed treatment services. Our stakeholder group includes court partners, youth, a community mental health provider, law enforcement, university partners, Court Appointed Special Advocates (CASA), resource parents, and birth parents.

Currently, the physical and emotional safety and well-being of resource families are being assessed informally through a variety of methods. This is happening through the placement stability staffing process, as well as during the ongoing home study process. Our target date was initially 2016 to have a more formalized method developed to help assess the physical and emotional safety and well-being of resource families to improve stability and inform placement moves. We continue to research evidence-based comprehensive assessment tools in this endeavor. This remains a priority for CFS; however, we have revised our goal to reflect that this will be in place by 2017. We are considering partnering with the National Resource Center for Diligent Recruitment for technical assistance.

We continue to assess available community resources to identify ongoing needs in an effort to ensure the appropriate services are available to the children and families we serve. Through this endeavor, we collaborate with our partners throughout the community. These collaborations include the Office of Drug Policy, Casey Family Programs, PATH, Eastern Washington University, our tribes, and residential treatment facility staff.

#### *Goal 4: Older youth in foster care will have the independent living skills to successfully transition from adolescence to adulthood*

Older youth must be provided with a seamless process of service planning and decision making that addresses both the youth's permanency needs and independent living skills development in preparation for transition to adulthood.

Through relationships with family, friends, and community, staff must ensure that youth will have the resources necessary to succeed in all areas or “domains” of their lives. These domains include: identity formation, community connections and supportive relationships, physical and mental health, life skills, education, employment, and housing.

The objectives below represent five key areas that encompass the above listed domains. These five areas serve as the focus for the improvement of service delivery to older youth. These five key areas were determined via a statewide review of all older youth cases and represent the areas that need improvement. In addition to the five key areas, an additional objective will be to increase efforts to engage and partner with our tribal communities for a joint effort in delivering Independent Living services to eligible tribal youth. These areas will be reviewed on a bi-annual basis to evaluate progress on reaching set goals.

#### **Data Outcome Goals:**

- Increase the number of IL eligible youth receiving IL services from 55% to 75% of eligible youth by 2016.

**Baseline:** CY2013 56.9%

CY2014 55.7%

**APSR Update:** CY2015 46.4%

#### ***Feedback Loops***

Feedback from all impacted by the effort of Goal 4 is highly valued in the progress and overall achievement of this goal. Feedback and engagement with community partners will be regularly sought out via the National Youth in Transition Database (NYTD) and internal Independent Living case record reviews. Results from these evaluative tools will be shared with the court, foster parents, youth in care and those who have aged out, federal partners, tribal partners, and youth advocacy organizations. Using evaluative data to communicate progress, barriers and plans to achieve better outcomes for youth in foster care are imperative to the improvement of services delivered to older youth. Communication will be done through advisory board group presentations in the community, foster parent blog sites, youth advisory board meetings, court presentations, tribal visits/meetings, and regular email blasts to partners working with older at risk youth populations. Tying both the evaluative components and data to communication with stakeholders is very important. Stakeholders will be welcomed to participate in the internal IL case record review as well as participate in planning once data is collected.

During CY2015, the Idaho Foster Youth Advisory Board (IFYAB) was asked to engage in developing the trafficking/runaway standard. Time was spent during the annual 2015 Summer IFYAB conference reviewing best practices in the runaway/sex trafficking work group. Recommendations from this work group were utilized in finalizing the Idaho Department of Health and Welfare Standard for Reporting and Responding to Runaway Youth, Missing Youth, and Sex Trafficking victims in November, 2015. NYTD data was also shared with regional and state Keeping Children Safe panels throughout CY2015 during monthly panel meetings.

#### ***Implementation Supports***

Revisions to objectives and interventions during the current reporting period consisted of timeframe updates. Supports needed to implement each intervention are currently available through embedded trainers, regional IL coordinators, Idaho Foster Youth Advisory Board (IFYAB) members and state IL Program Specialist. No implementation support barriers have been identified at this time.

**Objective 1:** By 2016, 65 percent of youth 15 years and older in the custody of IDHW will have completed a Casey Life Skills Assessment (CLSA) or CANS and an Independent Living Plan within 90 days of IL eligibility. The assessment will be completed every year thereafter.

**Measure:** Biennial evaluation through the Independent Living case record review.

**CLSA Baseline:** CY2013 58%

**IL Plan Baseline:** CY2013 57%

**APSR Update CLSA:** CY2015 76%

**APSR Update IL Plan:** CY2015 64%

**Intervention 1:** In 2015, prepare “How to Guides” and conduct annual training of agency staff and tribal social service staff.

#### ***APSR Update***

A “How to Guide” has been created and sent to all staff, as well as posted on the internal SharePoint site, for workers to access when needed. Tribal staff who attend New Worker Academy are given a copy of the guide and have access to the guide via the state IL coordinator. The “How to Guide” is also referenced in the Older Youth New Worker Academy, so new social workers have a helpful tool when working with older youth.

**Objective 2:** By 2017, 100% compliance with the National Youth in Transition Database requirements.

**Measure:** Data inquiries every six months to make sure data is entered timely and accurately.

**Baseline:** CY2013 53%

**APSR Update:** CY2015 30%

**Intervention 1:** Prepare “How to Guides” and conduct annual training with agency staff and tribal social services staff.

#### ***APSR Update***

Training regarding NYTD with agency staff and tribal social service staff is an ongoing effort. “How to Guides” have been created and are used during New Worker Academy and local in service trainings.

Despite regular training, staff expressed difficulty in connecting data collection to better outcomes for youth in care. Child and Family Services will utilize this feedback in collaboration with the Idaho Foster Youth Advisory Board to assess current training tools and develop a model that will assist staff and youth like in recognizing the connection between NYTD data collection and increased positive outcomes for youth in care.

**Objective 3:** By 2016, 43 percent of youth who emancipate from foster care will have access to important information and records that will be necessary for living independently.

**Measure:** Biennial evaluation through the IL case record review.

**Baseline:** CY2013 36%

**APSR Update:** CY2015 38%

**Intervention 1:** In 2015, develop strategy for ensuring Health and Education Passports are prepared and disseminated.

***APSR Update***

Information regarding the Health and Education Passports is delivered at the Older Youth New Worker Academy and through local in service training. The IL case record review conducted during CY2015 indicated that 38% of youth who emancipated from foster care received health and education passports. In exploring the gap in services with local social worker, they identified a focus on crisis management and lack of time as barriers to providing this service. During CY2016, Child and Family Services will utilize case record review data and stakeholder feedback loops to explore resources to address this gap in services

**Objective 4:** By 2016, 52 percent of foster youth over 17 years of age will have an individualized IL Transition Plan.

**Measure:** Biennial evaluation through the IL case record review.

**Baseline:** CY2013 43%

**APSR Update:** CY2015 52%

**Intervention 1:** In 2015, prepare “How to Guides” and conduct annual training with agency staff and tribal social services on Engaging Youth in Transition Planning.

***APSR Update***

In November 2014, formal transition planning training was delivered to agency staff, tribal staff, and community partners. This training came as a direct result of the first IL case record review that showed a need for improvement in this area. The National Resource Center for Youth Development (NRCYD) provided this training and trained those who attended as trainers to move this work forward in our state. In addition to the training, a resource binder was created by the NRCYD for newly trained trainers to use with youth and in teaching other staff the process of transition planning. The Independent Living case record review conducted during CY2015 indicated 52% of youth age 17 or older had a transition planning meeting. During CY2016, Child and Family Services will utilize CRR data and stakeholder feedback loops to explore setting reasonable goals for the next IL CRR in CY2017.

**Objective 5:** By 2016, ensure that tribal youth have equal access to IL services.

**Measure:** Annual reports from tribes that their youth are receiving Independent Living services.

**Baseline:** CY2013 no youth referrals.

CY2014 2 youth were referred from tribes to receive IL services.

**APSR Update:** CY2015 2 youth were referred from tribes and receive services. Regions received inquiries from two other tribes; however, follow up referrals were not received.

**Intervention 1:** In 2015, provide each tribe information on the process for tribal youth to apply for IL services.



### ***APSR Update***

In December of 2014 a form was created to capture the information needed from tribes to enroll tribal youth in the Independent Living Program. The form was sent to all of Idaho's tribal contacts for feedback about the practicality and usefulness of the form. Only one tribe responded, providing positive feedback about the helpfulness of the form. After hearing no other comments, the form was added to the agency's external website as well as the IL practice standard for agency staff. The new form has been sent out to all tribal contacts and IL regional coordinators, the form is being used to help agency staff request needed information from tribal staff to get tribal youth set up with Independent Living services.

**Intervention 2:** In 2015, meet with tribal staff and youth to determine how best to serve tribal youth through the IL program.

### ***APSR Update***

In spring of 2015, the ICWA Program Specialist and the Independent Living Program Specialist meet with the Cœur d'Alene Tribe, the Nez Perce Tribe, and the Shoshone-Paiute Tribes to provide information and have conversations about what was working well and where barriers lay regarding access to services. During these meetings many details were discussed including federal IL program changes; available Independent Living services; and case specific scenarios. A response from the remaining tribes is pending for the opportunity to share this information. In addition, invitations to upcoming trainings and contacts for IL services were given out. Since these meetings, all three tribes have reached out to enroll youth in local IL programs, attend IL training, and one tribe accessed IL funding to send a youth to a tribal youth leadership camp. The efforts made to meet in person and have candid conversations proved to be a great way to create relationships and partner to better serve the youth that both agencies serve.

### ***APSR Revisions to Goal 4, Objectives, and Interventions***

The original objectives, measures, and interventions submitted with the CFSP satisfied federal guidelines and required no revisions.

## (4) SERVICES

### *Service Coordination*

The Idaho Department of Health and Welfare (IDHW) is a broad umbrella which contains many of the programs directly benefiting children and families in Idaho. The Department is a relatively small agency both centrally and in the field offices. Planning, case staffings, multidisciplinary teams, and trainings regularly bring many IDHW providers together. We also have an Early Education Coordinating Council housed in IDHW. We also have close working relationships in the field offices with the Department of Juvenile Corrections. Child and Family Services (CFS) regularly staffs cases and offers training to the Refugee Program in Idaho. Some of this coordination is formal with assigned individuals attending to represent Child and Family Services. Other times it is more informal and can occur because many of our youth and family serving programs are co-located.

### *Promoting Safe and Stable Families Program (PSSF)*

To assist in providing a full array of services to children and families, the following services have been available, either through contract or direct services.

#### ***Family Preservation***

- Intensive family based services
- Parenting classes
- Respite
- Family Group Decision Making (FGDM) meetings
- In-home services to facilitate reunification or preserve placement: gas, emergency assistance, case management
- Counseling/ anger management
- Forensic sexual abuse interviews
- Health and safety (RN Services)
- Transportation
- Mental health and anger management evaluations and treatment services.
- Miscellaneous items such as cribs, door alarms, clothing for a non-foster child to avoid bringing child(ren) into foster care.

#### ***Family Support***

- Counseling services: also including intensive family based counseling, Functional Family Therapy, and case management
- Parenting classes
- Daycare expenses
- Foster parent support/Relative caregiver support
- Respite care
- Health and safety (Nursing Services)
- Contract for Functional Family Therapy
- Visitation/Parent coaching
- Transportation

#### ***Reunification***

- Intensive family based services

- Parenting classes
- Transportation
- Mental health services, counseling, psychological testing, case management
- Counseling/anger management evaluations and recommendations as directed by the court
- Substance abuse support and coordination
- Drug testing
- In-home services to facilitate reunification or preserve placement: gas, emergency assistance
- Family Group Decision Making (FGDM) meetings
- Paternity testing
- Health and safety (Nursing services)
- Sexual abuse counseling

### ***Adoption***

- Intensive family based services
- Individual child recruitment activities
- Recruitment incentives for a newly licensed foster home
- Home studies
- Adoption preparation, pre-placement services, and visits
- Adoption placement follow up
- Counseling
- Life books
- Partial payment of contract for licensing

### *Service Decision-Making process for Family Support Services*

Since CFS uses Promoting Safe and Stable Families Program (PSSF) funds to provide many of these services, PSSF funds are allotted to each of the three hubs in the state. The hub program manager identifies services needed in the categories of Family Preservation, Family Support, Time-Limited Family Reunification, and Adoption Promotion. Hub program managers have been provided with the definitions of each of the four PSSF categories and are aware that a minimum of 20 percent of the PSSF funding should be spent in each of the categories. After hub-based service providers are selected through a competitive bidding process, a contract is signed. The money allotted in the contracts does not exceed the PSSF funds allotted to the service. Budget reviews are held quarterly to monitor the process and use of the PSSF funds.

### *Populations at Greatest Risk of Maltreatment*

CFS is one of several programs under the Division of Family and Community Services (FACS) and within the Idaho Department of Health and Welfare. CFS collaborates with programs within the division and across the agency to identify populations at the greatest risk of maltreatment and provide services to this population.

CFS has identified children age birth to 5 years old as being the population at greatest risk for maltreatment. This age range makes up just over 31 percent of Idaho's child population however accounts for more than 46 percent of the substantiated child abuse and neglect cases received during the reporting period (March 2015 – April 2016). Idaho considered this population in

relation to race/ethnicity and geographic location but did not find the data to be statistically significant.

2015 Child Population vs. Children with Substantiated Cases (March 2015- April 2016)					
Population Estimates			Substantiated Children		
0-17	0-5	%	0-17	0-5	%
432837	136791	<b>31.60%</b>	2374	1108	<b>46.67%</b>

Services to this population include: the Infant Toddler Program (ITP), the MIECHV program for home visiting, and Resource and Service Navigation.

### ***Infant Toddler Program***

The Infant Toddler Program serves children birth to three years of age with developmental delays and disabilities and is offered statewide. The program is governed by federal and state laws, specifically the Individuals with Disabilities Act (IDEA), Part C and Idaho Code Title 16, Chapter 1.

An array of therapeutic, educational, and supportive services include developmental therapy, speech therapy, occupational therapy, service coordination, family training, counseling, home visits, and health services.

Children referred to the Infant Toddler Program are evaluated to see if they meet program eligibility. If eligible, an Individualized Family Service Plan (IFSP) is developed outlining service provisions for the child and their family, and the plan is reviewed every six months. At three years of age, the Infant Toddler Program is responsible to facilitate the child's transition to a developmental preschool program or other community services.

### ***Resource and Service Navigation Program***

The Resource and Service Navigation Program works with individual families and communities to establish stability, avoid crises, and prevent child abuse and neglect. Navigators work in each region of the state to:

- Identify and develop resources and services that help individuals and families meet their basic needs and reach attainable goals.
- Develop personalized service plans with individuals and families that outline specific goals and action steps.
- Organize and actively case-manage service plans.
- Work with communities to develop or assist in the stabilization of assets and resources.

In April 2015 functionality was added to the SACWIS (iCARE) system to automate referrals from CFS to Navigation. Since April 1, 2015, Navigation has received 186 automated referrals through iCARE. Additionally, Navigation has been tracking referrals from CFS in their system, GatorAid, and have received a total of 1,738 referrals (including the 186 from iCARE) from April 1, 2015 – April 1, 2016.

### ***Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV)***

The Department has implemented an evidence-based home visiting program that matches parents with trained professionals during or after pregnancy and throughout the child's first years. The Idaho MIECHV program is being implemented in Kootenai, Shoshone, Jerome, Twin Falls, Minidoka, Bonneville, Bannock, Power, Ada, Elmore, Canyon, Nez Perce, Lewis, Clearwater, Bear Lake, Caribou, Franklin, and Oneida counties. These counties were chosen based on a needs assessment of vulnerable populations. Infants and toddlers identified at greatest risk of maltreatment are prioritized for the program.

### ***Services for Children under Age Five***

Children Under Age 5	FFY 2012	FFY 2013	FFY 2014	FFY 2015
In Foster Care as of 9/30	550	498	423	490
% of total	43%	37%	35%	36%
Entering Foster Care	479	504	423	503

### ***Assessment and Developmentally Appropriate Services for Children Under Age 5***

There are several avenues by which a young child's needs for services are identified and provided:

- Each child age 0-3 whose caretaker receives a substantiated disposition of a child abuse and neglect report is referred to the Infant Toddler Program (ITP) for a developmental assessment. Knowing that there is a high frequency of delays for very young children who are victims of child abuse and/or neglect, the ITP is very aware of the needs these children have. ITP is located within the same division of Family and Community Services (FACS) as Child and Family Services (CFS). This co-location, both administratively and physically facilitates referrals and service coordination. These referrals on substantiated cases are mandatory for all children 0-3 whether the case is opened for in-home services or the child is removed from their home. The practice standard provides guidance and direction to staff on the referral of children, 0-3 years of age, for ITP services for all reports of child abuse and neglect (both substantiated and unsubstantiated). Training was also developed; which is co-trained by local ITP and CFS staff.
- Under Part C of the Individuals with Disabilities Education Act, ITP is a voluntary service for children and their parents. When the child is under state protective custody, every effort is made to involve the parent(s) in services and for them to consent to services. For children whose parents cannot be identified or located after diligent efforts have been made, are deceased, or whose rights have been terminated and the child is a ward of the state, a surrogate parent may be assigned by a judge or by ITP.
- Every child who comes into foster care becomes eligible for Medicaid and must receive a physical exam within the first 30 days according to administrative rule. Every child in the Department's custody is required to be seen for regular child well-being checks according

to the Early Periodic Screening Diagnosis and Treatment (EPSDT) schedule and immunizations.

- Priority Response Guidelines are in effect for all reports of child abuse or neglect. All allegations of physical abuse of a child through age six are considered as a priority one (immediate response) unless there is reason to believe that the child is not in immediate danger.
- The limit on the number of children that a home may be licensed for is six; including the family's own biological children. The age of the children placed in the home does not affect ratios.
- A concurrent plan is developed for all children who come into the custody of the Department. Many infants are adopted by the family (both relatives and non-relatives) with whom they are placed at the time of removal. For infants and toddlers, efforts are made to have frequent visitation (several times a week if not every day) in the resource family's home. This gives an opportunity for the resource family to develop a relationship with the child's parent(s), as well as an opportunity for teaching, coaching, feedback, and evaluation of parenting behaviors and skills. The use of a concurrent planning form helps workers and supervisors to track and assure timely completion of concurrent planning tasks.
- Twenty-seven day reviews are being held in a number of field offices. It is a point in time early in the case to monitor concurrent planning with the child.
- Young children in foster care are often referred to the ITP and Early Head Start (0-3); Head Start (3-5); Pre-K (4-6); and Developmental Preschool (3-5) programs.

### ***Strategies for Improvement***

- CFS will utilize the data that comes out of Round 3 CFSRs to help identify additional information that is needed. This case-specific information will inform CFS on developing a plan on how to capture the data in moving forward.
- Utilize the data from Round 3 CFSRs to look at the barriers to timely permanency for children ages 0-5 at one year and at two years in foster care.
- Based on results of the data, pinpoint strategies for improvement.
- Based on what we learn, deliver statewide training on more timely permanency decision-making for children under the age of five.
- Our CANS tool has a section specific to children five years old and under to gather information about development (including prenatal) and substance exposure (before and after birth). The Idaho CANS tool has expanded parental substance abuse and trauma domains. Interventions will be developed as we continue to progress on our statewide implementation plan on the CANS tool.

*FFY 2015 Distribution of Foster Care Exit Reasons by Age*

<b>Removal End Reason</b>	<b>0 - 5</b>		<b>6 - 12</b>		<b>13 - 17</b>		<b>Total</b>	
	<b>#</b>	<b>Avg. LOS* in Months</b>	<b>#</b>	<b>Avg. LOS* in Months</b>	<b>#</b>	<b>Avg. LOS* in Months</b>	<b>#</b>	<b>Avg. LOS* in Months</b>
Adopted	159	26.3	51	32.5	9	25.0	219	27.7
Guardianship	23	12.9	25	18.0	19	18.1	67	16.3
Reunified	355	8.8	232	8.0	151	5.5	738	7.9

\*LOS: Length of Stay

iCARE data indicates children aged 0-5 in Idaho foster care achieve permanency through adoption or guardianship more quickly than average. In order to ensure children achieve permanency as timely as possible, and is appropriate given a child's specific needs, data is necessary regarding the timely achievement of goals within the permanency process itself, such as permanency hearings, termination of parental rights, and selection of permanency placements. iCARE system barriers have been identified which prevent access to this information. We are researching our iCARE system to determine what needs to be done in order to accurately capture this data. In addition, we will be utilizing data from the Round 3 CFSRs to help identify challenges and barriers to timely permanency, so that we can develop specific strategies for improvement. Anecdotal information received from the field reflects efforts are being made to place children earlier in permanent homes as placement selections are happening earlier in cases (prior to termination) than they have previously; particularly with children ages 0 – 5.

Our CANS tool was finalized and approved in January 2015. A specific section for children five years old and younger was incorporated, and includes the following areas: motor, sensory, communication, failure to thrive, feeding/elimination, birth weight, prenatal care, substance exposure, labor and delivery, parent or sibling problems, maternal availability, curiosity, playfulness, temperament, and day care/preschool. In addition, our CANS tool includes expanded parental substance abuse and trauma domains which will be utilized to further identify and develop targeted supports and interventions. We are currently preparing for phase 2 of 3 of our statewide implementation plan for the CANS tool. Phase 2 will go live in June of 2016, and 50% of our case-carrying staff will be certified users of the CANS tool. Phase 3 will go live in December of 2016; where all of our case-carrying staff will be certified users of the CANS tool.

Our Concurrent Planning Standard was updated in December 2015. Updates include that concurrent planning staffings must occur prior to the 6 month case review hearing and prior to the 12 month permanency hearing. During these staffings, safety, reunification, relative identification, and identification of alternative permanent placement are discussed and reviewed. We will continue to review the concurrent planning and placement process within the next year.

The practice standard for Age 0-3 mandatory referrals on substantiated reports is in the process of being updated, and is projected to be finalized in June 2016. Training was also developed; which is currently being co-trained by local ITP and CFS staff throughout the state. We have been working diligently with our community partners; including law enforcement and the courts, around the safety of children. We have been providing ongoing education and



supports to our families, foster parents, resource families, community partners, and staff on the safety of children.

### *Services for Children Adopted from other Countries*

Post-adoption services for families and children adopted from other countries include referrals to community services. Social workers making these referrals are familiar with adoption-competent services providers in their communities. Children from other countries who enter our foster care system due to a disrupted adoption or as a result of abuse or neglect are provided with the full range of services as we do for any other child entering foster care.

Idaho's Adoption Support and Preservation Workgroup began meeting in February 2016 with the purpose of developing a statewide post-permanency support program to provide more consistent services to adoptive families. Supports and services to all adoptive families, including those who have adopted from other countries, are being considered in the development of the program. The Workgroup is expected to continue to meet throughout 2016 and present final recommendations for consideration in late 2016 or early 2017.

## **(5) PROGRAM SUPPORT**

Child and Family Services (CFS) provided training and technical assistance to community partners through Child Welfare Academy. Training sessions included: Ethics of Cultural Humility, Safety Planning, Working with Older Youth, Assessing Protective Capacities, Indian Child Welfare Act, Keeping the Bounce—resiliency in child welfare, Self Care, Concurrent Planning, Child Welfare Trauma, Knowing Who You Are, Foster Care Academy, Child and Family Engagement, and Legal Perspectives in Child Welfare. The provision of these trainings to community partners aligns with Goal 2 of the APSR around stakeholder involvement in the child welfare system. All Child Welfare Academy sessions will be available to community partners throughout the state in the upcoming year.

CFS just recently started the assessment process with the Capacity Building Center for States. Idaho has requested assistance regarding program improvement planning needs related to federal and state requirements, as well as general practice enhancements. The goal is to develop a comprehensive strategic plan to meet Round 3 CFSR Program Improvement Plan, CFSP/APSR, federal/state requirements, and collaboration efforts with internal/external stakeholders to improve practices and outcomes for children and families.

In 2015, CFS utilized several evaluation systems to inform changes in program design, monitor service implementation, and assess training efficacy. The Child and Adolescent Needs and Strengths assessment, Family Group Decision Making meetings, and Nurturing Parenting Program initiatives have been supported by research and evaluation from the University of Utah. (A detailed description of these efforts can be found in section 9 Waiver Demonstration Activities page 46).

After the submission of the 2016 APSR, CFS conducted a Quality Assurance review of child abuse and maltreatment reports received through the Centralized Intake Unit. The review

consisted of a combination of 225 screened-in and screened-out reports documented between June 15 and November 15 2015. Review results indicated the Centralized Intake Unit is operating with fidelity to its operating objectives. Child abuse and neglect reports are being prioritized according to state standards and rules. CFS will continue utilizing quality assurance systems to evaluate outcomes and serve as the foundation for decision making processes in other areas such as the evaluation of the comprehensive safety assessment practice and foster care licensing procedures.

## (6) CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES

Tribes living within the boundaries of the State of Idaho are the Kootenai Tribe of Idaho, the Coeur d'Alene Tribe, the Nez Perce Tribe, the Shoshone-Paiute Tribes, the Northwestern Band of the Shoshone Nation, and the Shoshone-Bannock Tribes.

Child and Family Services (CFS) and tribal program staff have become increasingly active and successful in ongoing collaborative efforts to access, coordinate, and enhance services for Indian people and reservation service areas in Idaho. Much of this work is accomplished at local worker-to-worker and office-to-office levels, rather than at a more formal government to government level. This type of communication, coordination, and collaboration is most often related to day-to-day case management issues on cases where jurisdiction is shared or where the state has custody and the Tribe has intervened.

The quarterly meeting of the Indian Child Welfare Advisory Committee (ICWAC) is designated, by the agreements, as a forum for ongoing tribal technical support and review. The role of Department executive leadership and tribal leadership can include either attending meetings or reviewing meeting minutes.

The ICWAC continues to be the most long standing collaborative effort between Department and tribal representatives. The group has been meeting since the early 1990's. The Idaho Indian Child Welfare Advisory Council was established on June 22, 1994. The ICWAC has traditionally consisted of representatives from the Idaho Department of Health and Welfare and from the following tribes: Coeur d'Alene Tribe, the Kootenai Tribe of Idaho, the Nez Perce Tribe, the Northwestern Band of the Shoshone Nation, the Shoshone-Bannock Tribes, and the Shoshone-Paiute Tribes. The Idaho Indian Child Welfare Advisory Council has two co-chairs: one tribal co-chair and one state co-chair. The purpose of the council, per its by-laws, includes actions directed toward improving the outcomes related to permanency, safety, and well-being for Indian children in Idaho through:

- a) Promoting and improving Indian child welfare.
- b) Protecting the best interest of Indian children by ensuring the establishment, preservation, and continuation of cultural ties and Indian heritage.
- c) Implementation of and advocacy for both the letter and the spirit of the Indian Child Welfare Act (ICWA).
- d) Education and awareness of the ICWA.
- e) Building positive State-Tribal relations through collaboration and cooperation between the tribes and the Idaho Department of Health and Welfare (IDHW).

This group has been instrumental in the development of coordinated procedures, services, and contracts that pass Social Services Block Grant and title IV-B, Part 2 funding and Independent Living funds from CFS to tribal social services programs. Recruitment of Indian foster families is a standing agenda item. Tribal representatives who attend the ICWAC periodically change, but are most often the supervisors of social services both for the state agency and the tribal agency. Over the past year, the ICWAC has been largely focused on re-evaluating and modifying its by-laws as well as seeking opportunities to re-engage with those tribes who are currently not participating on the committee.

Currently, the Shoshone-Paiute, Coeur d'Alene and Nez Perce Tribes are participating in the ICWAC. The Northwest Band of the Shoshone Nation, Kootenai Tribe of Idaho and Shoshone-Bannock Tribes are not currently participating in person. The Northwest Band of the Shoshone Nation and the Kootenai Tribes have voiced interest in the group but have been unable to attend primarily due to scheduling conflicts and shortage of staff to attend the meetings

The ICWAC has discussed ways to strengthen the group and attempted to gain participation from the other tribes by offering to host the meeting in their local area. Due to limited resources the Kootenai Tribe has declined to host the ICWAC meeting. The Department's Tribal Relations Manager reaches out to the tribes at least quarterly to mitigate any barriers. The ICWAC is in the process of developing by-laws but struggle as participation from all tribes is needed.

The Shoshone-Bannock Tribes are in the late stages of implementing a title IV-E foster care program to directly access title IV-E funds from the federal Department of Health and Human Services. The Nez Perce Tribe has approached IDHW regarding the negotiation of a title IV-E agreement with the state. The Nez Perce Tribe has worked diligently over the last decade to develop a Tribal Children's Code, a foster care system, and court processes aligned with the requirements of title IV-E. They have also had many years of ongoing participation on the Court Improvement Program and are very aware of the issues at the interface of Idaho's child welfare system, state courts, and Indian tribes.

On November 3, 2015, a formal consultation was held between the Idaho Department of Health and Welfare and the Coeur d'Alene Tribe in Plummer, Idaho. In attendance, Coeur d'Alene council members, IDHW Director Richard Armstrong, tribal department directors and staff, as well as IDHW administrators and staff. The consultation discussions included the ICWAC; state and tribal collaboration outcomes; tribal foster family training; the Social Services Block Grant (SSBG) and Promoting Safe and the Stable Families (PSSF) program; general improvement areas and efficiencies in the provision of services; Welfare/Self-Reliance services; tribal Temporary Assistance for Needy Families (TANF) and kinship cases; data systems and sharing; Medicaid; 1915 IV-B Waiver; behavioral health; drug and alcohol assessments; tribal priorities; DHW priorities and tribal sponsorship best practices.

On April 11, 2016, a meeting was held between the Idaho Department of Health and Welfare and the Shoshone-Bannock Tribes in Fort Hall, Idaho. In attendance, Fort Hall council members, Health and Human Services Region 10 Director Susan Johnson, IDHW Director Richard Armstrong, Region 10 Associate Regional Administrator David Mecham, tribal directors and staff, as well as IDHW administrators and staff. The consultation discussions included State and Federal responsibility; tribal definition of consultation; Idaho Behavioral Health Plan 1915 B; an

outline of tribal concerns with the Medicaid waiver renewal and status; ICWA; title IV-B; and a discussion on next steps regarding points of contact and draft tribal consultation policy.

**Goals for 2015-2019 include:**

**(1) Enhance training on the ICWA and related topics**

- (a) Work with the tribes and regional ICWA liaisons to update the ICWA training.
- (b) Continue to train and meet with the seven region-based ICWA liaisons to enhance their role in ICWA compliance and training of regional staff.
- (c) Continue to hold an annual ICWA conference.
- (d) Continue to provide stakeholder trainings on ICWA and Knowing Who You Are.

***APSR Update***

The ICWA Program Specialist and ICWA Liaisons have been working on updating the ICWA Standard to ensure CFS practice is compliant with the new ICWA Guidelines released by the Bureau of Indian Affairs (BIA) in 2015. The ICWA Program Specialist has sought input into the revision of the ICWA Standard from the tribes on several occasions. To date, only the Shoshone-Bannock Tribes have responded and will be meeting with the ICWA Program Specialist on June 6, 2016 to work on the revision of the ICWA Standard. Once the ICWA Standard is finalized the ICWA Program Specialist, ICWA Liaisons and tribal partners who wish to participate will begin revising the ICWA Academy training session provided to CFS workers and interested community stakeholders.

The Annual ICWA Conference was hosted by the Coeur d'Alene Tribe in Worley, Idaho on October 2015 at the Coeur d'Alene Casino Resort Hotel. Numerous workshops were available to attendees including:

- The Why and How of ICWA,
- Questions and Answers with Idaho State Representative Paulette Jordan,
- Rural Recruitment,
- Historical Trauma,
- Domestic Violence,
- Children in Urban Indian Populations, and
- Challenges in Indian Country.

Elder and youth panels also discussed issues they see in Indian country and what they feel is needed to overcome the issues.

In November 2015, The Annual Statewide Stakeholder meeting was held in Boise. This group consists of a broad range of statewide stakeholders including workers, supervisors, chiefs, tribal social services representatives, parents, resource parents, university partners, Casey Family Programs, private providers, GAL representatives, court representatives, and law enforcement. The purpose and vision of this group is: "In order to achieve enduring positive outcomes for Idaho children and families, those involved in the Child Welfare system must accept responsibility for supporting families in keeping children safe. We hope to utilize this stakeholder group by sharing ideas and resources to help strengthen the system and ultimately to produce strong families and healthy children." Feedback from this group is written on specified forms which are then collected, transcribed, and electronically saved in a central location for access by all Central Office

staff. This information is reviewed by program specialists as a group and then individually ongoing to inform the goals in the CFSP and APSR. Progress towards these goals is then reported back to the Stakeholder group as additional input is solicited.

Knowing Who You Are (KWYA) training was implemented in 2010 and continues to be offered 2-3 times per year in each hub. From April 2015 through March 2016 KWYA has had 66 participants. This training is designed to help child welfare professionals explore race and ethnicity to prepare them to support the healthy development of their client's race and ethnic identity. The ICWA Program Specialist has discussed the opportunity of attending the Training of Trainers (TOT) session to become co-facilitator with Tribal partners. To date no Tribal partners have taken the TOT course. This course is a mandatory training for all CFS employees.

ICWA Liaisons are encouraged to participate as a co-facilitator in the ICWA Academy training sessions in their local areas when available. ICWA Liaisons are able to connect with local staff as a leader and expert on ICWA so that they have connections when working with Native American/Alaskan Native families to ensure that ICWA work is compliant. ICWA Academy is mandatory for all CFS staff and is open to community partners and Tribal partners. Tribal partners are welcome to co-facilitate the training when they are available.

## **(2) Involve tribal staff in case record reviews**

- (a) Utilize the new National Council of Juvenile and Family Court Judges (NCJFCJ) Instrument for formal case reviews of ICWA cases which will include tribal members on the review team.

### ***APSR Update***

ICWA case record reviews were completed in the East Hub in November 2015 and the West and North Hubs in December 2015. Sharon Randle with the Coeur d'Alene Tribal Social Services participated in the North Hub review of ICWA cases. Invitations to the Nez Perce, Kootenai, Shoshone-Bannock, Northwest Band of the Shoshone Nation and Shoshone-Paiute Tribes were sent out but were unable to participate in the reviews due to other obligations. ICWA Liaisons and other CFS staff as well as the ICWA Program Specialist participated as a reviewer in the ICWA Case record reviews.

A total of 46 ICWA cases were reviewed. Of the 46 cases, two cases were pending ICWA determination. The North Hub reviewed 12 cases, East Hub reviewed 28 cases and West Hub reviewed 6 cases. Data from the ICWA case record review shows that the Department is making "active efforts" to prevent the removal of Indian children 41.3% of the cases reviewed. Courts made findings that the Department has made "active efforts" to reunify Indian children 52.27% of the cases reviewed. ICWA notices to tribes were sent in 52.17% of the cases reviewed for each change in the child's placement, when termination of parental rights was being sought or for involuntary adoptive placement. ICWA notices were sent to Tribes (or BIA if Tribe is unknown) 60.87% of cases for all court hearings. ICWA notices to the child's mother were sent 45.65% and sent to the child's father 44.44% for the cases regarding each change in the child's placement, when termination of parental rights was being sought or for involuntary adoptive placement. Of

the cases reviewed 54.35% of Indian children had a placement preference with extended family, someone from the child's tribe or in another Indian home.

CFS acknowledges improvements are needed in these identified areas. CFS is confident the data will improve over time as the revisions to the ICWA Standard, New Worker Academy, and current ICWA procedures are completed and implemented throughout the state. CFS will partner with the tribes regarding these changes to ensure they are relevant and address tribal concerns. CFS will continue to involve tribes in ICWA Case Record Reviews. CFS will be updating the review instrument to gather more accurate data. During the last case record review, the instrument was found to contain multiple items within one question in several areas; this led to confusion and possible inaccurate data collection. ICWA Case Record Reviews will occur on a bi-annual basis to gather data on ICWA compliance. CFS will develop a process to gather data for annual review of specific areas of ICWA practice to monitor compliance. CFS is confident that ICWA work overall will improve as staff is trained and begins to work more frequently with Native American/Alaskan Native families and tribal partners.

### **(3) Develop local protocols**

- (a) Work with the National Child Welfare Resource Center for Tribes and/or Casey Family Programs to develop formal protocols and processes for joint case planning for children identified as ICWA children brought into care from tribes located within the boundaries of Idaho.
- (b) Work with the National Child Welfare Resource Center for Tribes and/or Casey Family Programs to develop processes and procedures for coordination for crisis response, child protection safety assessments, and foster home placement and court appearances.

#### ***APSR Update***

In November 2014 Tribal partners voiced concerns about the need for more Qualified Expert Witnesses (QEW). Tribal partners reported that QEW's were not present during many of the state court hearings. CFS worked with the tribes and Casey Family Programs to provide training for Tribal Partners to certify identified persons for each tribe to become a QEW. The QEW Training was held in September 2015. The tribes' concerns were validated through the 2015 ICWA CRR, where it was found that 54.35% of foster care cases did not have a QEW within 90 days of the child being removed from the home. In May 2016, the Shoshone-Bannock Tribes voiced interest in having a QEW Training as they are short on individuals who are trained.

Currently, the ICWA Program Specialist and ICWA Liaisons from across the state are working on updating the ICWA Standard to ensure that it is compliant with Federal BIA Guidelines that were released in February 2015. The ICWA Program Specialist has sent the current ICWA Standard to Tribal Partners asking for input.

When the BIA Regulations are approved, courts, tribal representatives, and other community partners will work together to develop an Idaho ICWA Manual for the court system which reflects the new BIA guidelines and regulations. With the implementation of the Idaho ICWA Manual for courts and a revised CFS ICWA Standard and Academy

curriculum for staff, CFS is confident that ICWA compliance will improve throughout the state.

**(4) Recruitment of tribal foster homes**

- (a) Work with the National Child Welfare Resource Center for Tribes and/or Casey Family Programs to develop a formal recruitment plan for increased tribal foster homes.

***APSR Update***

According to data over the past year, Idaho has experienced a minimal decrease in the number of Native American children placed in foster care as well as licensed Native American resource families. Please refer to Attachment 2: Foster and Adoptive Parent Diligent Recruitment Plan.

In an effort to increase the number of licensed American Indian foster homes, recruitment coordinators from Eastern Washington University (EWU) have focused on building relationships with Idaho tribes. Three of Idaho's six tribes (Shoshone-Paiute, Coeur d'Alene and Nez Perce) have engaged with the coordinators in this effort. Case workers from all three tribes have changed personnel in the last year, and EWU is continuing to rebuild those relationships. Efforts to engage with these tribes, as well as the Shoshone-Bannock Tribe, include collaborating on a program to program level for recruitment events and offering training for tribal social workers and resource families. The Shoshone-Bannock, Nez Perce, and Coeur d'Alene tribes have recently requested a PRIDE Training of Trainer session for their staff. In the West Hub, the recruitment coordinator and ICWA liaison will have a recruitment booth at the Idaho Indian Education Summit in June 2016.

CFS has not been successful in the collaboration with Casey Family Programs and the Native American Coalition of Boise (NACOB) to further explore opportunities and strengthen relationships to improve our recruitment efforts. This was due to staff turnover and a change in our local ICWA liaison. CFS has been in contact with Casey Family Program to explore additional opportunities to reestablish our relationship with NACOB.

On a local level (program to program), there are many strong collaborative relationships which is promising to our ability to continue to partner. However, Idaho must continue to make efforts to improve our relationships with our local tribes, at the government to government level, in efforts to improve our services provided to families and children as well as increase recruitment efforts of Native American/Alaskan Native resource families.

**(5) Collaboration and planning**

- (a) Hold quarterly conference calls with the tribes and ICWA liaisons to identify areas in need of improvement.
- (b) Work with the National Child Welfare Resource Center for Tribes and/or Casey Family Programs to hold a planning meeting with the tribes to develop action plans and collaborative goals for improved Tribal/State relations and ICWA compliance for the coming five years.
- (c) Assure tribal access to information about available funding to expand services.



### ***APSR Update***

The ICWA Program Specialist and ICWA Liaisons have met more frequently than quarterly over the past year to revise the ICWA Standard to ensure it is compliant with the 2015 BIA Guidelines. The ICWA Program Specialist has connected with tribes through email, in person and by phone regarding the importance of Tribal participation in updating the ICWA Standard. On June 6 2016, the ICWA Program Specialist is meeting with the Shoshone-Bannock Tribal Social Services staff and Tribal Attorney on a program to program level to discuss the ICWA Standard revisions. To date, no other tribes have given any feedback on the ICWA Standard. Once the ICWA Standard is finalized work will begin on revising the ICWA Academy training and will involve ICWA Liaisons as well as Tribal partners.

CFS will also continue to discuss (both during ICWAC meetings and individually with tribes) the option of utilizing technical assistance resources (either via federal resources or Casey Family Programs) to support improved tribal relations and ICWA compliance. CFS is currently discussing the development of a title IV-E Agreement with the Nez Perce Tribe. Both Casey Family Programs and federal partners have offered technical assistance in the development of an agreement.

The ICWA Program Specialist has been working to connect Tribal partners with CFS's embedded trainers from Idaho State University who are applying for a Quality Improvement Center grant through the Children's Bureau. This grant focuses on Workforce Development in Child Welfare in regards to recruitment, retention and training of child welfare workers for site participants. To date, the Nez Perce Tribe has written a letter of intent to participate as a site for the grant. CFS is hopeful for more participation from other Idaho tribes and will continue to be a support to them if awarded the grant.

During spring 2016, ICWA Program Specialist has had formal discussions by way of email, face to face meetings or phone regarding the Section 422 Protections of the Social Security Act with the Nez Perce, Shoshone-Bannock, Shoshone-Paiute, Kootenai, Northwest Band of the Shoshone Nation and Coeur d'Alene Tribes. All tribes certified they are providing the 422 Protections for children and families receiving services within their agencies. The State of Idaho is responsible for the 422 Protections for children and families who fall outside the boundaries of the Tribal lands.

The ICWA Program Specialist extended invitations via email and telephone to all tribes in the state to schedule Tribal/State Collaboration and Coordination meetings at the program to program level. The Shoshone-Paiute Tribes, Nez Perce, Coeur d'Alene and Shoshone-Bannock Tribes accepted the invitation. The Kootenai Tribe and Northwest Band of the Shoshone Nation did not respond although multiple attempts were made. At each meeting, the ICWA Program Specialist discussed the CFSP specifically around maintaining ICWA compliance, Independent Living Services, Foster Care Recruitment, and any other topics that the tribes felt of importance to ensure goals are relevant and develop plans for the upcoming year.

A Tribal/State Collaboration and Coordination meeting was held on March 7, 2016 with Shoshone-Paiute Social Services. CFS shared information regarding Independent Living

services, trainings, practice standards, contact information for regional liaisons, and discussed the revision to the ICWA Standard. Issues related to the use of QEW's was discussed and updated contact information was shared. In discussing ICWA compliance around "active efforts," it was reported tribal representatives are typically invited to attend Family Group Decision Making meetings and home visits with state caseworkers. Concerns were brought up with the court system in one specific county. These concerns were shared with the local office for follow up with the tribe and local court.

A Tribal/State Collaboration and Coordination meeting was held on April 12, 2016 with the Nez Perce Tribal Social Services Manager Jackie McArthur. CFS shared information regarding Independent Living services, trainings, revision to the ICWA standard and contact information for regional liaisons. Interest was expressed during the meeting to send tribal staff to the Child and Adolescent Needs and Strengths certification training. The Nez Perce Tribe meets with CFS staff monthly to discuss ICWA cases to ensure case progress, direction and permanency. Nez Perce Social Services has had turnover in staff most recently and reached out to CFS to assist with after-hours on-call services until they are fully staffed and can meet the needs of their community. SSBG and PSSF grants along with alternative billing procedures were also discussed. Issues identified included gaps in services when transitioning cases to adoption, and Idaho Child Care Program (ICCP) funding for tribal foster families. CFS was able to connect the Nez Perce Tribe with ICCP administrators to problem-solve the funding issues and develop a system to ensure ICCP is approved.

A Tribal/State Collaboration and Coordination meeting was held on April 13, 2016 with Coeur d'Alene Tribal Social Services. CFS shared information regarding Independent Living services, trainings, revision to the ICWA standard and contact information for regional Liaisons. Coeur d'Alene Tribal Social Services staff have an interest in becoming trainers for the foster parent PRIDE curriculum to provide trainings to their foster families. They shared concerns with active efforts being tribe specific and talked about a specific case.

A Tribal/State Collaboration and Coordination meeting was held on May 16, 2016 with Shoshone-Bannock Tribal Social Services. CFS shared information regarding Independent Living services, trainings, revision to the ICWA standard and contact information for regional liaisons. Shoshone-Bannock Tribal Social Services staff have an interest in becoming trainers for the PRIDE curriculum and information was provided to the tribe regarding the next facilitator training. They expressed an interest in developing another QEW training to ensure they have available QEWs to attend court hearings. They expressed a need for more Independent Living training for their staff so they can provide appropriate services to their eligible tribal youth. They reported that the state's assistance with background checks for their prospective tribal foster families is very helpful and the process is going well. Communication barriers were identified stemming from having an administrative assistant in Twin Falls sending court hearing notices to tribes; their preference is to have the assigned social worker send the notices.

In the upcoming months as the BIA Regulations are finalized, CFS will begin work on updating the ICWA Academy curriculum, participate in the development of ICWA Manual for courts. CFS and Tribal partners are in the planning stages of this year's

Annual ICWA Conference. CFS will continue to collaborate with the tribes to ensure the accessibility of services and the active recruitment and retention of Native American foster families. CFS will continue to update its website with current funding information. This website is available to tribes and the general public. The ICWA Program Specialist will correspond with the tribes on an ongoing basis regarding available resources and Child Welfare Program information.

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## **(7) MONTHLY CASEWORKER VISIT FORMULA GRANTS**

Idaho's caseworker visit requirements are found in the Child and Family Services (CFS) Standard for Contact between the Social Worker and the Child, the Family and Resource Parents(s) or Other Alternate Care Providers. The requirement for monthly contact is required by Idaho Administrative Rules, IDAPA 16.06.01.405.05.a: "Face-to-face contact with a child by the responsible party must occur at least monthly or more frequently depending on the needs of the child or the provider, or both, and the stability of the placement. Face-to-face contact may be made in settings other than where the child resides as long as contact between the responsible party and the child occurs where the child resides a minimum of once every sixty (60) days."

Idaho child welfare social workers are required to complete face to face contact with every child under the responsibility of the state, at least once per month. There is an exception for youth placed in out of state residential facilities where face to face contact must be made a minimum of every 60 days with contact through telephone required monthly. During planned contact between the social worker and child, the social worker must assess the child's safety, well-being, and permanency goal and must document their informal assessment in the form of a monthly contact note in the SACWIS system (iCARE).

Idaho will use caseworker visit grant monies over the next five years as follows:

- Research and implement technology for caseworkers in the field to increase the timeliness and accuracy of the documentation of completed caseworker visits with children.
- Train and implement a state-wide standardized format for documentation of caseworker visits with children.
- Implement a state-wide standardized quality assurance process for administrative and supervisory review of both the frequency and the quality of caseworker visits with children. This will be achieved through the use of standard data reports and a system of

accountability for monitoring contacts to ensure workers achieve at least 95 percent consistently.

### **Monthly Caseworker Visits, Fund Expenditure and Visit Data**

CFS collects and reports data on monthly caseworker visits with children in foster care as required in section 424 (f) of the Social Security Act. Idaho exceeded requirements for FY2015 whereas the total number of visits completed by caseworkers on a monthly basis to children in foster care was not less than 95 percent. Additionally, Idaho exceeded the federal requirement that at least 50 percent of completed caseworker monthly visits occur in the child's place of residence.

Below are the results of the FY2015 worker contact report which is derived from Idaho's SACWIS system iCARE and were submitted in December 2015. Idaho performance results for 2014 are included for comparison.

<b>Caseworker Visit Measures</b>	<b>2014 Idaho Performance</b>	<b>2015 Idaho Performance</b>
<b>Number of Visits That Would Occur if Each Child Were Visited Once Per Month While in Care</b>	14681	14291
<b>Number of Monthly Visits Made to Children</b>	13899	13849
<b>Percent of Visits Made on a Monthly Basis by Caseworkers to Children in Foster Care</b>	95%	97%
<b>Number of Monthly Visits Made to Children That Occurred in the Child's Residence</b>	10326	10258
<b>Percent of Visits That Occurred in Child's Residence</b>	74%	74%

Idaho has exceeded the FY2015 federal goal. Promoting Safe and Stable Families worker contact funds have been used to accomplish the following:

- Funding for family service technicians to transport children and parents to visits, to save worker time and allow them more time to complete necessary contacts.
- Hubs will monitor child worker contacts on a monthly basis through the use the iCARE "clients needing monthly contact" and "worker contact" reports. Supervisors continue to work with individual supervisees on strategies to meet monthly worker/child contacts. Hub field office-improvement plans are required if the region falls beneath 95 percent.
- The statewide Worker Contact report will continue to be included in the Program Manager's data quality initiative.
- Each region will develop regional specific strategies for freeing up worker time to increase opportunities for completing frequent and good quality social worker/child visits.

## (8) ADOPTION AND LEGAL GUARDIANSHIP INCENTIVE PAYMENTS

Idaho will utilize Adoption Incentive Payments for adoption-preparation and post-adoption services during 2015-2019. Financial support for adoptive families attending the Idaho Post-Adoption Center Conference is expected to continue. A post-permanency workgroup has been organized to develop a post-permanency program plan including services which may be funded with Adoption Incentive Payments. Idaho has not experienced challenges with the timely expenditure of Adoption Incentive Payments. Quarterly budget reviews will include the use of Adoption Incentive payments to ensure continued timely expenditure of the funds.

Idaho utilizes Adoption and Legal Guardianship Incentive Payments for adoption-preparation and post-adoption services. No challenges have been encountered with the timely expenditure of these funds. In FFY 2015, Adoption Incentive Payments contributed to adoption subsidy payments, paid for private adoption home studies for relatives in the Idaho foster care system, and enabled Idaho to provide non-Medicaid covered therapies to children and families after adoption finalization. A post-permanency workgroup started to meet with the goal of developing a post-permanency support program plan including services which may be funded with Adoption Incentive Payments.

## (9) CHILD WELFARE WAIVER DEMONSTRATION ACTIVITIES

Idaho received a title IV-E waiver in 2013. Idaho's demonstration project includes three primary interventions: (1) development of a trauma-informed system of care; (2) expansion of Family Group Decision Making (FGDM); and (3) implementation of evidence based, Nurturing Parenting Program (NPP) designed for high-risk families to strengthen parenting skills.

Idaho's title IV-E waiver is focused on improving outcomes at the individual, program, and system level. Outcomes have been measured in each of the domains of safety, permanency, and well-being as described below.

### ***Domain - Safety***

Children are protected from abuse and neglect as a result of improved parent functioning, increase in parental protective capacities and parenting practices. Outcome measures include:

- The CFSR national standard regarding the number of children who re-enter foster care after being reunified will be exceeded as a result of demonstration activities.
- The number of families receiving services in-home will increase allowing children to remain safely in their homes and reducing the number of foster care entries.

### ***Domain - Permanency***

Children will achieve permanent homes more timely and will experience improved placement stability. Outcome measures include:

- Children will be reunified with their parent(s) or primary caretaker(s) more timely as a result of activities specifically targeted towards supporting families.
- Decreased utilization of congregate care placements.
- Placement stability will be within the CFSR national standards.
- Youth aging out of foster care without a permanency placement or plan will decrease.

### ***Domain - Well-being***

Families have enhanced capacity to provide for their children's needs and ensure that overall well-being is achieved and maintained. Children who have experienced trauma will receive appropriate treatment and services. Outcome measures include:

- The number of parents or caretakers who provide for their children's needs and family's well-being will increase with improved parental functioning.
- The number of children receiving primary care, developmental, educational, dental, substance treatment, and mental health services that meet identified needs will continue to meet national standards as assessed by the CFSR case record review instrument.
- Child well-being/self-efficacy will improve as measured by a standardized instrument (i.e. Child Adolescent Needs and Strengths tool - CANS).

In the past year, ongoing progress and accomplishments have been made in all three of the primary intervention areas through our Title IV-E Waiver Demonstration Project. We are expanding our internal and external capacity for a trauma-informed system of care. This will be achieved through enhanced trauma education and training for child welfare staff, universal trauma screening, and evidence-based practices.

We have had ongoing planning and have started the implementation process on our three primary interventions, as listed in Goal 3 of Idaho's plan for improvement. A CANS Tool Development Workgroup developed a CANS tool which was approved for CFS in January of 2015. A State Lead Implementation Workgroup continues to meet regularly and assists in making recommendations and decisions to inform statewide implementation planning and use of the CANS tool. Additionally, all of the certified trainers in each hub meet monthly to practice coaching and skills around the CANS tool, as well as to promote fidelity and reliability in the use of the CANS tool. Dr. Lyons, the developer of the CANS tool, has provided two Train the Trainers for us. The initial training was held in June of 2015, and we recently doubled the number of our certified trainers to 50 with our second certified Train the Trainer in January of 2016. CFS has developed a blended CANS training curriculum for new users that is a combination of online pre-learning that is followed by in-person training. We are currently preparing for the go-live date of phase 2 of 3 of our statewide implementation plan, which is scheduled for June 2016. Our goal for phase 2 is for 50% of our case-carrying staff to be certified users of the CANS tool. We continue to partner closely with Dr. Lyons in the training, coaching, certification, and recertification process for our staff.

CFS adopted the program standard "Involving Families through Family Group Decision Making Meetings" in 2005. The standard affirms FGDM as an important practice within our child welfare program. CFS will be increasing family and youth involvement in case decision-making through Family Group Decision Makings. As we launched the statewide implementation of the expanded use of FGDM in June of 2015, FGDMs are being used prior to service planning, and can be convened anytime in the life of a case. All families with unsafe children have been referred for FGDM prior to service planning. As research shows that the biggest impacts of FGDMs are on children that are being served out of home, we have redirected our focus to prioritize FGDMs for the families of and children who are placed out of home.

We have had a State Lead Implementation Workgroup that meets regularly to make decisions and recommendations that inform the statewide implementation and planning of FGDMs. We

provided a statewide training for coordinators in April of 2015. We continue to provide ongoing staff trainings, as well.

Our recent evaluation report, derived from coordinator and participant surveys which encompasses data from October to December of 2015 shows 91% of FGDM participants (family, kin, and fictive kin) either agree or strongly agree that a plan was reached that both the family and Department agree on. 86.2% of FGDM participants either agree or strongly agree that the plan made at the FGDM was the best for their child.

As a result of providing FGDMs with fidelity measures, we hope to see shared decisions surrounding placement options to support the needs of children and improve placement stability. We believe that greater family engagement in their service plans will expedite the reunification process and reduce the length of stay in foster care.

Nurturing Parenting Programs (NPP) are evidence-based, trauma-informed, and family centered classes that were designed for families that are at risk for abuse and neglect with children birth to 18 years. NPP is designed to meet the assessed and individualized needs of families that are in need of treatment and comprehensive supports for the prevention of child abuse and neglect. The classes offer interventions for families at risk for child maltreatment, and can provide resources and educational support groups for families that desire to improve their parenting skills. CFS selected the NPP as one of the title IV-E waiver activities to improve parent functioning and parenting practices, provide more stable placement settings, and to enhance the overall well-being of children and families.

In January of 2015, a staff and provider training for NPP were completed in the East Hub. Later that month, Region 6 began the implementation of the NPP classes. Regions 7 and then 5 began offering classes in May and September of 2015, respectively. In April of 2015, we partnered with the Office of Drug Policy to bring Dr. Bavelok, the creator of NPP, to Idaho to provide comprehensive three-day training. Staff trainings were offered in August and September of 2015 in our West and North Hubs. Families who have specific criteria met on our comprehensive safety assessment will automatically be referred for NPP classes.

Initial outcomes from NPP are measured using a pre and posttest methodology with the Adult Adolescent Parenting Inventory which includes 5 subscales. Given the relatively small sample size, the results from the initial classes are encouraging. Statistically significant improvements were shown with the Empathy towards Children and Use of Corporal Punishment as a means of Discipline scales. Through class observations where CFS and our NPP IV-E Waiver Evaluator are utilizing a fidelity checklist, most participants seem to be engaged in group-based learning in a meaningful way, and overall ratings either “meet” or “exceed” expectations.

Workers, families, and resource families have had ongoing evidence-based training on the lifetime impacts of trauma. As we intentionally partner with our stakeholders, families, resource families, and community partners, we enhance Idaho’s community capacity of trauma-informed treatment services.

We recently made the decision to terminate our IV-E waiver. While under the waiver, we have struggled to function within the limits imposed by our capped allocation. The financial constraints resulted in our program not being able to take advantage of increased flexibility in



using IV-E dollars for services that were previously not IV-E eligible. From a practice perspective, there should be very limited impact. We will continue to resource FGDMs, and will continue with our statewide implementation of the CANS tool. Currently, we have NPP services running in our East Hub. We have been unable to implement the service in the North and West Hubs due to extremely high contract bids. Our leadership will continue to explore options around how we can provide services to our families in the North and West Hubs.

Family Preservation services are provided to families to help create a safe home environment and to enable children to remain safely with their parents when reasonable. There are a variety of services included under Family Preservation services that include in-home treatment services, as well as parent aide services. In-home treatment services include services such as in-home case management, parent coaching, delivery of parenting curriculum, psycho-education, home-making services, and in-home family counseling. Parent aide services include supervised/monitored parent/child visitation, parent coaching, and transportation services to and from parent/child visitation. Additionally, the Department has established relationships with service providers throughout the state. Families are also referred to services being provided within their local communities.

Please see Appendix B: IV-E Waiver Activities Training Plan and Implementation Rollout for Idaho for additional specifics on the activities listed above.

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## (10) QUALITY ASSURANCE SYSTEM

The Idaho Department of Health and Welfare, Child and Family Services Program (CFS) is the agency responsible for the Quality Assurance System through Continuous Quality Improvement (CQI). CQI is the complete process of identifying, describing and analyzing strengths and issues and then testing, implementing, learning from and revising solutions. It is not an event-driven process, such as the one needed to develop a Program Improvement Plan, but rather an ongoing process which enables the agency to plan, make decisions and evaluate progress.

CFS operates a Quality Assurance System statewide designed to achieve the following objectives:

- To assure that each child and family receives the best possible services to meet their individualized needs.
- To provide necessary feedback for designing and delivering services.
- To assure that services meet state and federal standards.
- To encourage and support staff to improve skills in serving children and families and in managing agency resources.
- To identify staff training needs, policy development and system improvements.
- To meet the essential elements of federal requirements for a quality assurance system that will allow Idaho to improve outcomes through continuous quality improvement.
- To monitor and report progress on the goals of the annual Child and Family Services Plan (Title IV-B).

These objectives are accomplished statewide by engaging stakeholders from central and regional offices, hub program managers, regional chiefs of social work, field staff, and community partners in CQI efforts.

CQI responsibilities are also integrated into the essential job requirements of all central office program specialists, hub program managers, and regional chiefs of social work to provide accountability and performance evaluation at the human resources level for the individuals primarily responsible for managing the quality assurance system.

CQI is firmly grounded in the overall mission, vision, strategic goals, and values of the agency and utilizes the following components to accomplish its objectives:

- Staff and Resource Parent Surveys;
- State and Federal Case Record Reviews and Stakeholder Interviews;
- Centralized Intake Unit Record Reviews;
- Indian Child Welfare Act (ICWA) Case Reviews;
- Independent Living Case Reviews and Stakeholder Interviews;
- Monthly, Quarterly, Semi-Annual, and On-Demand Performance Reports;
- Adoption and Foster Care Analysis and Reporting System (AFCARS) Data Indicators; and
- National Child Abuse and Neglect Data System (NCANDS) and National Youth in Transition Database (NYTD) Reports.

### ***Case Record Reviews***

CFS has conducted case record reviews since 2004. Over the 2014 calendar year 209 cases were reviewed using the On-Site Review Instrument (OSRI) statewide. This rigorous internal case record review process assesses statewide performance in the areas of safety, permanency, and well-being. In 2015, Idaho was approved by the Children's Bureau to conduct its own Case Record Reviews to fulfill the federal requirements of Round 3 of the Child and Family Services Reviews (CFSR). Beginning in 2016, the review will consist of 40 randomly selected foster care cases and 28 in-home cases every 6 months, for a total of 136 cases reviewed each year.

Local and state improvement plans from recent years have focused primarily on strategies to increase placement stability, improve timeliness of permanency, maintaining children safely in their homes and family engagement in case planning.

Case Record Review results are used to identify strengths and areas needing improvement in the child welfare system, and the data is used to guide the goals and initiatives reported on the annual CFSP/APSR.

### ***Child Welfare Practice Standards***

CFS has developed 40 Standards to guide practice statewide and ensure that children and families receive quality services. These standards are reviewed at least annually by the CFS Policy Team for compliance with State Statutes and Rules, as well as the Children's Bureau for compliance with title IV-E and IV-B requirements. Revisions to these standards are generally the result of new federal and state requirements; data analysis from case review results; and stakeholder feedback from supervisors, chiefs, program managers and community partners throughout the state. These standards serve as the guiding principles to operate the CQI system. Performance reports and case review results are analyzed locally and statewide to identify strengths and areas needing improvement.

CFS practice standards can be found here:

<http://www.healthandwelfare.idaho.gov/Children/AdoptionFosterCareHome/ChildWelfareStandards/tabid/429/Default.aspx>

### ***Feedback Loops***

To identify strengths and needs of the service delivery system, CFS has regularly scheduled meetings with external and internal stakeholders to analyze reports, survey results, case record review outcomes, and provide a method for information and feedback to flow up and down the organization. These meetings consist primarily of the Child Welfare Subcommittee, Child Welfare Operations, Stakeholder Groups as well as the use of ongoing and task-driven Workgroups. These meetings and groups lay the foundation for internal stakeholders at all levels of the organization and external stakeholders outside of the organization, to provide feedback that is listened and responded to, and results in actionable items and solutions from CFS.

### ***Qualitative and Quantitative Reporting***

CFS data analysts produce monthly, quarterly, semi-annual, and on-demand reports for hub leaders and Policy Team program specialists to monitor day-to-day practice and trends. For purposes of local improvement planning, case review data and AFCARS data indicators are calculated for each field office within a hub and for the hub itself. Improvement plans are focused on performance issues in the hub field offices which are performing below goal or below standard. Each hub develops their hub improvement plan based on local issues which impact performance. There is an expectation that all planning will be based on accurate data, analysis of the data, and goal setting with both internal and external stakeholder input.

In addition to AFCARS, NYTD, and NCANDS reports, data analysts provide the following reports to staff and leadership statewide on a regular basis:

Report Type	Frequency	Purpose
Worker Contact Summary	Monthly	Identify missing monthly worker contacts
Annual Caseworker Visits	Annual	Yearly summary of caseworker visits
Foster Care Report	Quarterly	Provides information about children removed by zip code and compares it to the number of licensed homes in that location over time
Residential Placements Report	Monthly	Identify current residential placements by region and count entries and exits by facility
Staff Allocation	Quarterly	Calculate average case counts by worker type (Safety Assessor, Case Worker, Permanency, etc.)
Open Safety Assessments	On-demand	Provides information on timeliness of Comprehensive Safety Assessment closures.

All reports and case record reviews are conducted in every jurisdiction where the services included in the CFSP/APSR are provided.

### ***System Improvements based on Continuous Quality Improvement Practices***

Many system improvements have been identified throughout the APSR based on Idaho's CQI. From partnering with law enforcement during the initial assessment of safety (Section 3 Plan for Improvement, Goal 2), to the need to revise the Review Instrument used for ICWA Case Record Reviews in order to capture better quantitative data during case reviews (Section 6 Consultation and Coordination Between States and Tribes).

Data from Round 3 CFSR, information from the Idaho Legislature's Interim Foster Care Study Committee, and the results from the Office of Performance Evaluation (OPE) study, will also inform the goals, objectives, and interventions in the 2015-2019 CFSP and remaining APSRs.

### ***Technical Assistance***

To accomplish the larger goals and intent of a CQI system, CFS recently began an assessment process with the Capacity Building Center for States. The purpose of the request is to support Idaho in the successful integration of the upcoming Round 3 CFSR Program Improvement Plan, Idaho Legislature's Interim Foster Care Study Committee recommendations, and the OPE findings into the CFSP/APSR process.

## (11) CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA) PLAN

Idaho continues to be eligible to receive Child Abuse Prevention and Treatment Act (CAPTA) funds, meeting the eligibility requirements. There have been no substantive changes to State law or regulations that affect the State's eligibility for the CAPTA state grant.

The training and services that Child and Family Services (CFS) intends to carry out with CAPTA funds are included in the goals, objectives, and strategies outlined in the Annual Progress and Services Report, as well as the annual CAPTA Budget.

Through CAPTA, the following program areas are selected for 2016-2017 to improve Idaho's statewide programs relating to child abuse and neglect.

- Improve the intake, assessment, screening, and investigation of reports of abuse and neglect (section 106(a)(1)).
- Create and improve the use of multidisciplinary teams and interagency protocols to enhance investigations, and improve legal preparation and representation including: (1) procedures for appealing and responding to appeals of substantiated reports of abuse and neglect; and (2) provisions for the appointment of an individual to represent a child in judicial proceedings (section 106 (a)(2)).
- Improve case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families (section 106(a)(3)).
- Enhance the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols (section 106(a)(4)).
- Develop and update systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition, and allow interstate and intrastate information exchange (section 106(a)(5)).
- Develop, strengthen, and facilitate training including: (a) training regarding research-based strategies to promote collaboration with families; (b) training regarding the legal duties of such individuals; and (c) personal safety training for caseworkers (section 106(a)(6)).
- Improve the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvement in the recruitment and retention of caseworkers (section 106(a)(7)).
- Develop and deliver information to improve public education relating to the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect, including the use of differential response (section 106(b)(2)).

- Supporting and enhancing collaboration among public health agencies, the child protection system, and private community-based programs, to provide child abuse and neglect prevention and treatment services (including linkages with education systems) and to address the health needs, including mental health needs, of children identified as abused or neglected, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated maltreatment reports (section 106(a)(14)).
- Supporting and enhancing interagency collaboration between the child protection system and the juvenile justice system for improved delivery of services and treatment, including methods for continuity of treatment plan and services as children transition between systems (section 106(a)(13)).

CAPTA funding will support training, technical assistance, and improvements in these areas.

Services, training, policies, and procedures provided to individuals using CAPTA funding are dispersed throughout this Annual Progress and Services Report.

### *Changes to 2016-2017 CAPTA Plan*

There are no substantial changes being made to the state's CAPTA plan this year. CAPTA funds will continue to be utilized to support the state's continuous quality improvement system, which is of particular importance as the state is in the process of Round 3 of the Child and Family Services Reviews. CAPTA funds will also continue to be utilized to support the state's enhanced child safety practice, specifically supporting a coaching model to further assist in the embedding of the practice. Additionally, funds from CAPTA support workforce development strategies in enhancing supervisory and leadership training; maintain funding support for citizen's review panels in all regions; efforts in collaboration of the Indian Child Welfare Council to enhance relationships and practice of Indian Child Welfare Act; and in conducting multidisciplinary team child fatality reviews in the state.

### *CAPTA Activities Conducted with Alternate Funding*

While the 2016-2017 CAPTA budget does not designate funds for the following activities, these activities occur through alternate funding sources such as:

#### ***Prevention of child abuse and neglect***

Many of the services aimed at preventing the occurrence of child abuse and neglect are provided by the Idaho Children's Trust Fund (ICTF). Idaho Children's Trust Fund is the identified recipient of federal prevention funds. Child and Family Services collaborates with the ICTF to offer prevention services. Child and Family Services also provided prevention services through cost sharing with the Department of Education for the Community Resources for Families Program. Additionally, CFS contracts for various family support services throughout the state.

The Navigation Program works with individual families and communities to establish stability, avoid crises, and prevent child abuse and neglect. Navigators work in each region of the state to:

- Identify and develop resources and services that help individuals and families meet their basic needs and reach attainable goals.

- Develop personalized service plans with individuals and families that outline specific goals and action steps.
- Organize and actively case manage service plans.
- Work with communities to develop or assist in the stabilization of assets and resources.

In April 2015 functionality was added to the SACWIS (iCARE) system to automate referrals from CFS to Navigation. Since April 1, 2015, Navigation has received 186 automated referrals through iCARE. Additionally, Navigation has been tracking referrals from CFS in their system, GatorAid, and have received a total of 1,738 referrals (including the 186 from iCARE) from April 1, 2015 – April 1, 2016.

### ***Reporting suspected cases of child abuse and neglect***

CFS collaborates with the Governor’s Children at Risk Task Force (CARTF) to distribute a brochure that outlines the responsibilities of Idaho’s mandatory reporters. The brochure is available in English and Spanish. During this grant cycle, 1,253 English brochures and 803 Spanish brochures were distributed throughout Idaho.

To encourage mandatory reporting, through a contract with University of Idaho, Cooperative Extension System, the Children at Risk Task Force sponsored the development of an educational video on Idaho’s child abuse reporting laws. The ten minute DVD/video explains the definitions of child abuse and neglect, instructs citizens on their duty to report, and gives them information on who to call and what information they should include in their report. The Children at Risk Task Force distributes the DVDs upon request. During this grant cycle, 306 DVDs were distributed out of existing inventory.

Upon request, regional social workers also train the public on mandatory reporting.

### ***Policies and procedures encouraging the appropriate involvement of families in decision making***

CFS has written standards that require involvement of families in decision making. Those standards include the following:

- Involving Families Through Family Group Decision Making Meetings.
- In-Home Family Preservation Services.
- Service Planning.
- Child Well-Being.
- Concurrent Planning.

### ***Policies and procedures that promote and enhance collaboration among agencies, domestic violence services agencies, substance abuse treatment agencies, and other agencies in investigations, interventions, and the delivery of services and treatment provided to children and families affected by child abuse or neglect***

CFS has a “Service Delivery” standard that promotes collaboration between all agencies and service providers. Additionally, the Department has a contract to allow substance abuse liaisons to be housed in each of the main regional offices. The contract specifically defines procedures for substance abuse and CFS social workers to collaborate to deliver services. Additionally, all areas of the state have good working relationships with their local domestic violence agencies and service providers.



***Supporting and enhancing collaboration among public health agencies, the child protection system, and private community-based programs to provide child abuse and neglect prevention and treatment services (including linkages with education systems) and to address the health needs, including mental health needs, of children identified as abused or neglected, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports***

During 2015, CFS staff have continued to consult with psychiatrists, pediatricians, representatives from Medicaid, the Infant Toddler Program, the Division of Behavioral Health, and the Supreme Court in a collaborative effort to enhance health care for children in the foster care system. Included in the overall health care plan is a plan for identifying and monitoring the use of psychotropic medication prescribed for foster children and youth. Child and Family Services finalized a standard of practice related to the oversight of psychotropic medications for children in foster care in January 2014.

### *Update on Services to Substance-Exposed Newborns*

Idaho is a mandatory reporting state for all suspected child abuse or neglect situations. Any person suspecting a child has been abused, neglected or abandoned is required to report it within 24 hours. A newborn addicted to illegal drugs would be required to be reported under the following law <http://legislature.idaho.gov/idstat/Title16/T16CH16SECT16-1605.htm>

While Idaho is a mandatory reporting state, with regards to the use of a controlled substance while pregnant, there is an exception for controlled substances which were prescribed to the mother and taken as prescribed. Hospitals may have their own internal policies regarding when to make referrals to CFS. CFS encourages all citizens to call and make a report if they suspect abuse or neglect of a child.

CFS conducts comprehensive safety assessments on families involved in a report of an infant exposed to an illegal substance. If the infant is found to be unsafe at the conclusion of the assessment, a safety plan to manage the safety threat is put into place and a service plan is created with the family to address the parent's capacity to protect their child. This may include substance abuse assessment and treatment services to the parents and also includes services to help the parents meet the needs of the infant; medical, developmental, or otherwise. There is no tracking mechanism for safety plans or services plans specific to infants exposed to illegal substances.

Idaho would need system enhancements to specifically track the number of infants born with and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.

### *Update on Amendments to CAPTA relating to sex trafficking*

As part of the amendments made to CAPTA by P.L. 114-22, the justice for Victims of Trafficking Act of 2015 the state has been making updates to practice standards and exploring state legislative changes to implement the required provisions.

In 2015, CFS implemented a new practice standard, Reporting and Responding to Runaway Youth, Missing Youth, and Sex Trafficking Victims, which provides direction and guidance in

the assessment and identification of victims of sex trafficking. The development of the standard was done through consultation and collaboration with local sex trafficking coalitions and community partners, including but not limited to, law enforcement, child advocates, attorneys, health care professionals, youth, and internal staff. The standard defines several terms including sex trafficking and severe forms of trafficking as well as guidance for assessment and data tracking. CFS also made changes to the state's SACWIS system, iCARE, to collect and report data regarding children who are victims of sex trafficking. CFS is continuing to work with the iCARE team on incorporating this data into future submission of the NCANDS report.

During the 2015 and 2016 calendar years, CFS has provided training across the state on the new practice standard and increasing both internal and external stakeholder knowledge on sex trafficking and the implications for the child welfare system. In 2015, training was provided to leadership across the state. The standard requirements and human sex trafficking presentations was a keynote session in all of the Annual Hub Resource Parent Training Conferences in the spring of 2016. This conference is attended by resource parents and CFS staff. Additional training is in development to ensure ongoing education and support is part of the state's Child Welfare New Worker Academy.

As part of the 2017 legislative session, CFS plans to propose legislation to include definitions of "sex trafficking" and "severe forms of trafficking" into the Idaho Child Protective Act for children under age 18.

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## (12) CHAFEE FOSTER CARE INDEPENDENCE PROGRAM (CFCIP)

### *Collaboration, Program Service Description and Program Support*

#### ***Agency Administering CFCIP (section 477(b)(2) of the Act)***

The Idaho Department of Health and Welfare, Division of Family and Community Services, Child and Family Services Program (CFS) is responsible for the administration and oversight of the programs carried out under the Chafee Foster Care Independence Program (CFCIP). The independent living activities and services planned throughout Federal Fiscal Years 2015 – 2019 will continue the agency's commitment to provide individualized assistance to youth as they transition from foster care toward self-sufficiency.

#### ***Serving Youth across the State***

Program development and planning is accomplished at the central office level and program implementation is the responsibility of each of the Department's seven regions. This allows for program modification to address the unique needs and issues of local communities.

The program has served, and will continue to serve, eligible youth in all geographic areas of the state. Youth who move from one region to another will be served by the region in which the youth currently holds residence. Any youth for whom the state is legally responsible regarding placement and care, and who satisfies the State of Idaho's criteria for IL eligibility, may be served through the program. In keeping with the CFCIP, Indian youth for whom a tribe is responsible for placement and care, and who satisfy the eligibility criteria may be served. Youth who are dually committed through an expansion of the Juvenile Justice Act, and are not in a detention facility or hospital setting, may be served if they meet the eligibility criteria.

#### ***APSR Update***

Idaho divides the state into three hubs (North, East, and West) which consist of seven regional areas. The North Hub consists of Regions 1 and 2, the West Hub consists of Regions 3 and 4, and the East Hub consists of Regions 5, 6, and 7. Each region is allocated a budget to address IL needs based on the population of Independent Living eligible youth they serve. During CY2015, the North Hub served 123 eligible youth, of which 70 youth received direct IL funding for services. The West Hub served 236 eligible youth, of which 99 youth received direct IL funding for services. The East Hub served 143 eligible youth, of which 64 youth received direct IL funding for services.

#### ***Serving Youth of Various Ages and States of Achieving Independence***

**Youth under 15 years of age:** Idaho provides Independent Living Services to eligible youth beginning at 15 years of age. In making this determination, CFS has established a standard of ninety cumulative days of foster care placement after the fifteenth birthday. By initiating independent living services for youth younger than 16, more time is available to provide services and prepare youth for successful transition to independent living. Services to youth in this age range will include all the services noted in the plan, except for room and board, that will accomplish the purpose of the CFCIP. This includes attending to the service areas of basic life skills, education, employment, and personal support. Services to youth of this age under Idaho's plan will be provided by state agency staff, tribal social service programs, and community partners or contractors.

**Youth 15-18 years of age:** For youth between the ages of 15 and 18 who are residing in foster care placements, services will be initiated with a formal assessment of their readiness for self-sufficiency. Subsequent to the assessment, an independent living plan will be developed to support eligible youth in acquiring the knowledge, skills, and resources necessary to make a successful transition to adulthood. These services will be provided by foster parents, parents, child welfare professionals, tribal social service programs, or private and public partners. Youth will be instrumental in the planning and implementation of their independent living service plans to assure they take responsibility for their success. This age group will have the entire range of services noted earlier in the plan available to them except that no room and board payments may be made on their behalf.

**Youth 18-21 years of age:** For youth ages 18 through 20, Idaho will provide Independent Living Services for eligible youth, including Indian youth, who have left foster care placement upon reaching the age of 18, but have not yet reached 21. Youth in this age range may receive all appropriate independent living services, including room and board funds. These services to older youth may be delivered by a wide range of service providers such as state agency staff, tribal social service programs, and partners such as the Casey Family Programs. This group of older youth will also participate in an assessment and planning process similar to that of younger foster youth.

#### Room and Board

Room and board funds will be provided for room and board for youth who left foster care because they attained 18 years of age, but have not yet attained 21 years of age. No more than 30 percent of the allotment of CFCIP funds will be used for room and board.

For the State of Idaho Independent Living Program, room and board is defined as those expenses which assist eligible youth, including Indian youth, to secure adequate housing and other necessary household items which promote the goal of self-sufficiency. Independent living room and board funds may be used for, but are not limited to, the following:

- Rent payments.
- Security, cleaning and similar deposits.
- Costs related to household utilities.
- Foodstuffs.
- Other household goods and supplies which are essential for a youth's health, safety, or well-being.
- Housing related expenses essential to attend an institution of higher learning, vocational programs or comparable educational setting.

#### Medicaid Coverage

Beginning January 1, 2014, Idaho extended Medicaid coverage to youth who aged out of foster care until their twenty-sixth birthday using the state's Children's Health Insurance Program. At this time Idaho has chosen to only extend coverage to youth who have emancipated from Idaho's foster care system.

Staff, former foster youth, current foster youth, community agencies, and local benefits offices across the state were provided information via email and social media regarding how the affordable care act helps former foster youth, how to qualify and apply, what information is needed, and provided several resources for additional information.

### Trust Accounts

The agency's Resource Development Unit monitors/manages funds for children in foster care who receive either Social Security benefits (SSI/SSA/ OASDI), child support dollars from obligated parents and/or insurance or court settlements. These funds are used to offset the child's cost of foster care. Any monies left over after the child leaves care and all outstanding expenses are paid are returned. No other trust accounts are used for the purpose of independent living.

### ***Collaboration with Other Private and Public Agencies***

CFS will continue to consult and collaborate with public and private entities in helping adolescents in foster care achieve self-sufficient independence. On a state level, this includes university partners, the Idaho State Board of Education, the Department of Education, Casey Family Programs, the Idaho Court Improvement Project, law enforcement, all federally recognized tribes in Idaho, legislators, professional child welfare workers, regional and central office child welfare program managers, health care providers, legal services, foster youth and foster youth alumni, housing providers, substance abuse treatment providers, judges, juvenile justice, Idaho's children's mental health program, and public education providers.

On a local level, assessment, planning, and intervention strategies are coordinated with eligible youth, community partners, parents and family members, foster parents, training staff, case managers, and persons requested by youth to participate in assessment, plan development, and services. Idaho integrates independent living services with existing community programs to assure the most effective system of service delivery. Independent living skills training is provided to youth by state staff and private agencies to assure that youth are prepared for independent living.

CFS has continued to consult and collaborate with public and private entities in helping youth in foster care achieve self-sufficient independence. Additionally, local agencies which address these issues in Idaho are utilized for research and training to assist in education and collaboration in Idaho.

**Foster Youth Involvement:** Regional foster youth advisory boards exist in six of the seven regions providing an organized venue for youth to convene, connect and advocate for topics of concern that impact youth of foster care. Due to small numbers of older youth in this region and a large rural demographic, this region finds it difficult to organize a youth board. Support for the seventh region to form a board will continue to be a focus. These groups create opportunities for youth to develop leadership skills and have opportunities to speak to issues that relate to youth in foster care in their local areas. Statewide, the Idaho Foster Youth Advisory Board exists to bring together the exceptional youth from each regional board to serve as advocates at the state level and represent the voice of the regional board. All 7 regions in Idaho have at least one youth representative on the IFYAB. The Idaho Foster Youth Advisory Board focuses on public education of foster care issues from the youth perspective, development of new state policies that would better serve youth of foster care, and hope to be the youth voice in new and existing child welfare policy moving forward.

The Idaho Foster Youth Advisory Board has recently taken on a project to address youth who run (away) from foster care. Their hope is to reduce the number of youth who run from foster care and create a protocol for reaching out to those on the run to ensure their safety. The Idaho Foster Youth Advisory Board recognizes that youth who run from care are often times the same

youth who end up in human trafficking situations. The Idaho Foster Youth Advisory Board hopes to create a program that addresses this issue for Idaho's foster youth.

In addition, local agencies that address these issues in Idaho will be used for research and training to better educate IFYAB member on these issues.

**Foster Club:** Idaho will utilize CFCIP funds to provide scholarship opportunities for identified young adults to participate in the Foster Club Summer All Star Internship program. The Foster Club All-Star Internship Program was founded on the belief that youth who have successfully transitioned from foster care to responsible young adulthood are best suited to impact the transition of their younger peers. Since 2004, Foster Club All-Stars have been reaching out to other foster youth through conferences, trainings and events. The Idaho All-Stars will utilize learned skills both for personal and professional development and to assist in furthering advocacy efforts for children and youth in foster care.

The Idaho Department of Health and Welfare supports the state chapter of Foster Care Alumni Association (FCAA), approved in December 2008, by the national association. Officers have been elected and the director is an alumnus of foster care in Idaho. Current members live in different areas of Idaho and new members are being recruited statewide. For more information on FCAA, see the national web site at <http://www.fostercarealumni.org>. In support of youth and alumni participation in FCAA, Idaho has determined that Idaho Independent Living funds may be used for annual dues for eligible youth.

**IROCK:** Another foster youth program unique to Idaho is the Idaho Resources, Opportunities, Communities, and Knowledge (IROCK). The mission of IROCK for Young Adults is to "prepare and support young people on their journey to independence." This is a coordinated effort among staff from private and public agencies including the Department of Labor, independent living training providers, private employment and residential providers, school personnel, IDHW, Casey Family Program, and case management staff and agencies. The web site for IROCK is <http://irock4ya.ning.com>. Idaho Resources, Opportunities, Communities, and Knowledge is currently located in the two largest regions in the state. Idaho is facilitating the expansion of similar IROCK collaborations in all parts of the state and conveying their recommendations to the state Independent Living Program on an ongoing basis.

**Casey Family Programs:** CFS' partnership with the Casey Family Programs continues to flourish. Casey Family Programs, Boise Field Office, has three full time staff assigned to provide transitional services to youth. In turn, the commitment of Casey staff is used as in-kind match towards Idaho's CFCIP funding allocation. Casey Family Programs also continues to be a significant contributor and support to the Foster Youth/Alumni in Idaho advisory group, the Idaho chapter of Foster Care Alumni Association, and IROCK.

**State Board of Education:** CFS continues to partner with the Idaho State Board of Education regarding Idaho's Educational Training Voucher (ETV) Program with an intended goal of assisting youth in making the best educational choices when they apply for ETV Program funds. Information is distributed to regional independent living and tribal social service staff through the state's Independent Living Coordinator about all of Idaho's institutions of higher education and entrance requirements.

**Idaho Department of Education:** The state Independent Living Coordinator will participate on the Idaho Department of Education's Secondary Transition Council and will share information about secondary transition with regional staff as well as Casey Family Programs and tribal staff. Locally, state and tribal social services staff, in addition to private agencies providing independent living services, will collaborate with each youth's school program to coordinate plans for transition and education.

**Citizen Review Panels:** Citizen Review Panel members continue to express an interest in issues affecting older youth in care and youth who age out of care. Known in Idaho as the "Keeping Children Safe Panel," members include recommendations to the state that affect youth eligible for IL services. Idaho's Independent Living Program will continue to respond to these recommendations and provide information to panel members on those topics of interest and concern.

***Coordination with other Federal and State Programs for Youth***

CFS continues to meet, at both the state and regional level, with partner programs to address issues and concerns in the area of independent living services. Often representatives from the county juvenile services, housing and transitional living programs, health care agencies providing family planning and abstinence programs, educators, vocational rehabilitation, state agencies, and other groups having an interest in youth who are in need of supportive service programs are included in these meetings. Through this ongoing dialogue, CFS anticipates services to youth will be better coordinated, expanded, and delivered in such a way that achieves the purpose of the CFCIP.

Regional Independent Living Coordinators engage in collaboration with private persons and agencies that develop and maintain transitional living programs for youth who have exited foster care, but still need the structure and support of a small group living arrangement to help them prepare for self-sufficiency and personal responsibility.

**Tribes Residing in Idaho:** CFS continues to partner with each Indian tribe residing in Idaho to make available a full array of independent living services to tribal youth. Regional staff are available to provide support and training to tribal social services staff about the Independent Living Program and full access to those services by Indian youth. Idaho tribes receive information regarding Idaho's Independent Living Program through the State CFS Independent Living Coordinator/Specialist, the State CFS ICWA Program Specialist, the IDHW Tribal Relations Program Manager, local CFS program staff, and at regular Indian Child Welfare Advisory Committee meetings. Benefits and services under the program will be available to Indian children in Idaho on the same basis as to other children in the state.

In keeping with the requirements of CFCIP section 477(b)(3)(G), Idaho will negotiate in good faith with any Tribe that does not receive a CFCIP or ETV allotment directly from the Secretary for a fiscal year and requests to develop an agreement to administer or supervise the CFCIP or an ETV program with respect to eligible Indian children and receive an appropriate portion of the State's allotment for such administration or supervision.

**Homelessness Prevention:** CFS has collaborated with local and state agencies including the Idaho Housing and Finance Association (IHFA) which facilitates the Idaho Balance of State Continuum of Care. The IHFA is the recipient of the majority of homelessness assistance funds

awarded to Idaho and is responsible for the grant administration and oversight of these programs. Homeless assistance funds are used to support a comprehensive and coordinated crisis response system that includes emergency shelters, transitional housing, rapid re-housing and permanent supportive housing. Funded programs include continuum of care (COC), Emergency Solutions (ESG) and Housing Opportunities for Persons with AIDS (HOPWA). CFS has partnered with the IHFA in working together to share information about youth systems of care in Idaho as HUD is focused on ending homelessness for youth 18-24 who are aging out of foster care or are otherwise homeless. Part of the charge as the COC is to collaborate with providers of housing and serves for youth populations who may become (or are at greater risk of becoming) homeless. CFS has served as a representative for the youth population from a statewide perspective. CFS is exploring collaboration with the Coordinated Entry committee, which is working to establish a system by which people are assessed quickly and referred to appropriate housing and serves either to prevent homelessness, or shorten the length of time they are homeless. CFS met with the IHFA and the Executive Director of CATCH, Inc. to discuss agency involvement including serving in the capacity as a board member or as a committee member to the Idaho Homelessness Coordination Council, which acts as the board for the Balance off State Continuum of Care administered by the IHFA).

**Sex Trafficking:** CFS has been working on implementing the requirements from PL 113-183 Preventing Sex Trafficking and Strengthening Families Act of 2014. With regard to the elements in 471(a) (9)(c) the agency has developed, in consultation with partners, policies and procedures for identification, documenting and determining appropriate services for those at risk and victims of sex trafficking. CFS has met the requirements through a variety of meetings with local specialist in trafficking, collaboration with a variety of community agencies, and development of collaborative policy that addresses trafficking in regard to youth of foster care.

**Pregnancy Prevention:** CFS partners with local and state agencies in an effort to increase awareness and prevention surrounding teen pregnancy and disease prevention. One such partnership includes participation on the Reproductive Health Advisory Board of the Central District Health Department. The purposes of the RHAB include providing an opportunity for participation in the development, implementation and evaluation of the project by persons broadly representative of all significant elements of the population to be served and by others in the community knowledgeable about the community needs for reproductive health services. The board serves as a community liaison. On the local and Hub level, CFS partners with community agencies such as Planned Parenthood to provide education on reproductive health care and sex education.

### ***APSR Update***

**Foster Youth Involvement:** Between April 2015 and March 2016, CFS partnered with the Idaho Foster Youth Advisory Board (IFYAB) to develop the Standard for Reporting and Responding to Runaway Youth, Missing Youth, and Sex Trafficking victims. This involvement included the board interviewing community partners such as shelters that serve runaway youth. The IFYAB participated in the development of a webinar that is utilized by both current CFS staff and in new worker academy training. Other collaboration with the board included the finalization and implementation of the Idaho Youth in Care Bill of Rights into the Standard for Working with Older Youth. Finally, the IFYAB convened in July 2015 and January 2016 to develop both short and long term goals for the board. Key projects include the following; begin work on the Sibling Bill of



Rights, continue progress toward a foster youth peer mentoring collaborative, exploring foster youth homelessness and transitional housing, exploring supportive services for LGBTQ foster youth, continued collaborative work with state and local agencies focused on improving outcomes and experiences for children and youth in foster care and exploring collaborative work with other boards across the nation.

**Sex Trafficking and Runaway Youth:** Between April 2015 and March 2016, CFS partnered with local law enforcement, local and state level human trafficking coalitions, university partners, educators, and local trafficking liaisons that serve victims of trafficking. CFS has been actively participating in local human trafficking coalitions since January of 2015. Information at these meetings informs members regarding federal and local movement in this area. Both CFS and the Department of Education have specialized efforts underway. Local members share resources in their prospective communities that serve victims of trafficking. Along with information sharing and collaboration in creating policy, the coalition hosts community events that are designed to spread awareness. Coalition members and CFS are currently creating curriculum that will be used to train CFS staff on how to respond to trafficking in regard to youth in foster care in addition to general information about trafficking nationally and locally. Finally, state and national trainers provided education and support during annual resource parent conferences throughout the state on foster parent response to runaway children and human trafficking.

#### ***Determining Eligibility for Benefits and Services (section 477(b)(2)(E) of the Act)***

Idaho has developed the eligibility criteria for a youth's participation in the independent living program through a process of consultation and public input. These criteria have been developed to emphasize services to those youth most likely to remain in foster care until their 18<sup>th</sup> birthday. Idaho requires that a youth be in foster care placement for ninety cumulative days, an indicator they will more likely be in care long term and need additional assistance in attaining self-sufficiency. Eligibility requirements for Idaho's plan for independent living services are as follows:

1. A youth must be, or have been, the responsibility of the State or Indian tribe either through a court order or voluntary placement agreement with the child's family.
2. Only youth between the ages of 15-21 years of age are eligible for services and use of funds through the independent living program.
3. Youth must have resided in an eligible placement setting which includes foster care, group care, Indian boarding schools, or similar foster care placement, and excludes detention facilities, forestry camps, or other settings primarily designed for services to delinquent youth.
4. A youth must have resided in an eligible foster care setting for 90 cumulative days after attaining the age of 15.
5. Room and board services will be available only to those eligible youth, including Indian youth, who have aged out of foster care settings upon reaching the age of 18 years but have not yet reached the age of 21.

#### ***Cooperation in National Evaluations***

CFS assures that, as the state agency responsible for the implementation of the independent living program in Idaho, it will cooperate with national evaluations of the effects of the

independent living program implemented to achieve the purposes of the Chafee Foster Care Independence Program (Section 477(b)(2)(F)).

### *Independent Living Program Service Description*

Idaho continues to provide the services described in the 2015-2019 CFSP and those described below.

#### ***Description of Program Design and Delivery***

For the State of Idaho, services which are allowable and may be provided under the FFY 2015-2019 plan to assist youth, including Indian youth, make the transition to self-sufficiency include, but are not limited to, the following:

**Transitional Independent Living Plan:** Services to provide each participant with a written transitional independent living plan which shall be based on an assessment of his or her needs and shall be incorporated into the youth's case plan.

**Family and Support Persons Involvement:** Services to involve the biological parents and, if appropriate, extended family members, foster parents, and other relevant parties, including Indian tribes, in the development of the youth's Independent Living Plan and services.

**Independent Living Skills:** Counseling and instruction in basic living skills such as money management, home management, consumer skills, decision-making, time management, parenting, health care, access to community resources, transportation, leisure activities, and housing options, including coordination of resources and/or development of contracts with appropriate service providers.

**Educational and Vocational:** Educational and training funds as needed to ensure completion of educational programs that would result in obtaining job related employment. Counseling and other assistance related to educational and vocational training (including preparation for a General Equivalency Diploma (GED), high school graduation, vocational education, and higher education) and the coordination of resources and/or development of contracts with appropriate service providers.

**Employment:** Counseling and other assistance related to employment, such as job readiness training, job search assistance, and employment placement programs, and the coordination of resources and/or development of contracts with the Idaho Department of Employment, the Private Industry Councils, Vocational Rehabilitation, and other employment service providers, including tribal employment and training programs.

**Human Sexuality Issues:** Counseling, education, and other assistance related to human sexuality issues, such as reproductive health, abstinence programs, family planning and pregnancy prevention, sexually transmitted diseases, and avoidance of high-risk sexual behaviors. In October 2015, the Idaho Foster Youth Advisory Board collaborated in finalizing the Idaho Youth Bill of Rights which is a tool that is utilized to review youth rights with foster parents upon entering into a foster care placement or when conflict arises within the placement. Affirmation within the bill of rights include a youth's right to be who they are through learning about their sexuality in a safe and supportive environment as well as a right to receive care and

services that are free from discrimination based on gender identify and gender expression or sexual orientation.

**Counseling:** Counseling and other assistance related to self-esteem, interpersonal relationships, permanency planning, and social skills development, such as individual, family counseling, group counseling, and issues that are of cultural relevance.

**Room and Board:** Provision of room and board assistance for eligible youth between the ages of 18 and 21 years who have aged out of the foster care system upon reaching the age of 18 years or older.

**Age or Developmentally-Appropriate Activities**

CFS has continued to collaborate with state, public and private entities and stakeholders in ensuring opportunities for youth to engage in age or developmentally-appropriate activities.

**Idaho Youth Bill of Rights:** The Idaho Youth Bill of Rights was created to inform youth, resource parents, child welfare agencies, and providers about the rights foster youth have while they are in foster care. While not all rights are legally protected by law, they are important goals intended to guide the agency's commitment to permanency, safety and well-being as well as the CFCIP program purposes. Included in these rights are the following subsections; 7. Participate in and receive a high quality education, including ability to participate in extracurricular activities and 8. Receive the skills, knowledge and resources needed to be a successful adult after they transition from foster care.

**Driving Privileges:** The Idaho Legislature approved Rule 16-0601-1401 modifying IDAPA 16.0.01.451. This rule change allows CFS to reimburse a licensed foster parent for the cost of vehicle insurance for a foster child as it creates an avenue for youth to drive while in foster care. It is anticipated this rule change will encourage life skills and normalization of eligible children in foster care by allowing them to become drivers while in foster care where they have family support and direction as young drivers. Youth in foster care often miss out on opportunities to be employed or participate in school activities because foster parents do not have the means to get them to and from these events. Allowing youth to drive would allow them more access to these normalizing activities. In addition, youth in foster care list driving as one of the top three factors of a successful transition into adulthood.

**Self Sufficiency:** Provision of other necessary services and assistance designed to improve participant's opportunities to successfully transition to self-sufficiency.

**Outreach:** Establishment of a system of outreach which would encourage youth currently in foster care to participate in the independent living program.

**Increasing Services:** Ongoing development of community organizational efforts aimed at increasing available services to youth.

**Support Networks:** Development of ongoing support networks for youth leaving foster care including contracted services and involvement of the youth's natural support system.

**Training:** Training for agency and tribal staff, foster parents, residential care facility staff, and related groups is provided to assure their preparation and competence to address the challenges and issues of youth preparing for independent living.

***APSR Update:***

During the 90-day period immediately prior to a youth's 18<sup>th</sup> birthday, Idaho foster youth are provided with a final transition planning meeting. This meeting is utilized to assess the youth's readiness, resources and skills and to connect the youth with resources and services they need to make a successful transition to adulthood. One tool that is utilized in this process is the Permanency Pact developed by the FosterClub. Youth transitioning from foster care are often unsure who they can count on for ongoing support. Many of their significant relationships with adults have been based on professional connections which will terminate once the transition from care is completed. It is critical to the youth's success to identify those adults who will continue to provide various supports though and beyond the transition from foster care. Clarifying exactly what the youth's support is willing to do to help avoid gaps in the youth's safety net and misunderstandings between the youth and the supportive adult(s) in the plan. Permanency Pacts identify specific ways in which supportive adults are willing to assist youth in the upcoming days, weeks and years. Permanency Pacts are signed during transition planning meetings and provided to youth as they exit foster care as part of their Health and Education passports.

While the Department of Health and Welfare does not have any current policies or processes specific to affirming the sexual orientation and gender identities of youth served by the program, Idaho also does not have policies or practices limiting the development of such policies and practices. Over the next year, CFS will be working with internal and external partners including the Idaho Foster Youth Advisory Board, foster parents, contractors providing youth-specific services, the and Casey Family Programs to identify venues hosting activities or events, educational opportunities, providers and other individuals working with youth that are affirming of their sexual orientation and gender identity. Collaboration will also include consultation with other states regarding successes in building supportive services through communication utilizing the Children's Bureau and the Capacity Building Center for States' Chafee Program and ETV Coordinators.

***Services to be provided in FY2017***

Population to be served - Eligibility criteria for a youth's participation in the independent living program remains; however, inpatient hospital stays have been added to the list of settings which are excluded as eligible foster care placements for the purpose of IL eligibility. This is a clarification and does not change how eligibility for IL services is determined. Idaho requires that a youth be in foster care placement for ninety cumulative days after the age of 15.

***Geographic Areas Where Services Will Be Available***

The program has served, and will continue to serve, eligible youth in all geographic areas of the state. Youth who move from one hub to another will be served by the hub/field office in which the youth currently holds residence.

***Estimated Number of Individuals and Families to be Served***

In CY2015, 233 youth between the ages of 15 to 21 were served by the Chafee Foster Care Independence Program. This number includes 67 youth who reached the legal age of adulthood (18 years) while in foster care.

### ***Chafee Foster Care Independence Program Improvement Efforts***

In CY2013, Child and Family Services initiated a baseline Independent Living Program Case Record Review (IL CRR) to determine the effectiveness of service delivery across the state. Review covers the following 14 service areas; assessment, planning, NYTD, youth contact, community connections, education, career development, health, transition planning, providing a Health and Education Passport to youth aging out, and youth/foster parent/social worker understanding and access to post 18 services for youth ages 15-18. Review also includes 3 additional services areas for youth ages 18-21 (or 23 if being served under ETV); case management, services and ETV.

Results from the CY 2013 IL CRR were utilized to develop the State of Idaho's 2015-2019 CFSP. Reviews will be conducted on a biennial basis and include 100% of applicable cases (youth eligible for IL services during the IL CRR CY). Data will be utilized to determine whether intended changes are taking place and to keep stakeholders informed of progress.

In CY2015, Child and Family Services completed its second IL CRR. Results are identified on the table below including data from the previously review in 2013:

<b>IL Case Record Review Results</b>										
<b>Statewide - 2013 &amp; 2015</b>	<b>Goal</b>	Statewide		North Hub		West Hub		East Hub		
		2015	2013	2015	2013	2015	2013	2015	2013	
Ansell Casey Assessment	65%	76%	58%	78%	51%	76%	67%	75%	57%	
Independent Living Plan	64%	64%	57%	74%	54%	60%	65%	63%	49%	
Life Skills	68%	84%	61%	81%	44%	86%	69%	82%	73%	
NYTD	60%	30%	53%	28%	58%	29%	53%	34%	48%	
Permanency	78%	69%	70%	47%	73%	70%	65%	72%	72%	
Youth Contacts	91%	89%	85%	76%	56%	91%	87%	98%	90%	
Community Connections	81%	79%	75%	73%	65%	81%	81%	82%	76%	
Education	87%	81%	81%	80%	78%	82%	84%	80%	81%	
Career Development	71%	65%	64%	67%	67%	61%	66%	72%	58%	
Mental Health	96%	95%	93%	96%	88%	95%	95%	94%	96%	
Health	86%	72%	79%	76%	69%	71%	77%	69%	80%	
Transition Planning ( Skip if youth is under 17)	52%	52%	43%	54%	35%	52%	44%	51%	54%	
Health and Education Passport	43%	38%	36%	36%	44%	47%	52%	32%	37%	
Understanding and Access to Post 18 services	75%	73%	68%	80%	63%	69%	70%	74%	72%	
<b>Aged Out 18-21 Case Record Review Results</b>										
<b>(21-23 ETV )</b>		Statewide		North Hub		West Hub		East Hub		
Case management	84%	74%	74%	86%	75%	71%	84%	69%	63%	
Services	74%	63%	63%	50%	56%	75%	70%	57%	70%	
ETV	80%	72%	70%	79%	67%	73%	72%	66%	72%	

Data indicates improvement in 11 of the 17 service areas. However, only 7 of the 17 service areas met goals set after the CY2013 IL CRR. Results will be utilized to engage stakeholders in

developing solutions to gaps in services, changes in the organization of services and staff training.

### ***Chafee Foster Care Independence Program Training***

Training on the Independent Living Program is an ongoing effort to inform new CFS staff and contractors, tribal social service staff, resource families, and other entities critical to the success of Idaho's foster youth about the purpose and implementation of independent living services. Updated training will be delivered to these entities whenever program needs or requirements change.

Training will be provided to all new child welfare staff on independent living services through the Child and Family Services Academy at least twice annually. Ongoing training for foster parents and other caregivers, including tribal foster parents, relative to the independent living needs of youth will occur during PRIDE, a required curriculum which all resource parents must complete as a condition of being licensed as a foster home.

Training will continue to include information on the purposes and philosophy of the Independent Living Program, participation requirements, implementation, measurements of success and outcomes, payment mechanisms, entry to Idaho's child welfare data system and all other aspects of the program that allow youth to make a smooth transition from foster care to self-sufficiency and independence.

### ***Planned Program Changes***

#### **National Youth in Transition Database (NYTD)**

##### ***Purpose***

The purpose of NYTD is to determine the effectiveness of providing Independent Living Services to youth who experienced foster care and were likely to have "aged out" of the child welfare system by measuring the outcomes of these youth over time.

##### ***Consultation***

Data collected through NYTD and baseline/follow-up surveys are typically reviewed with key stakeholders and partners to discuss areas needing improvement and to inform goal setting for work groups. For example, NYTD data was compared to IL case record review and utilized to identify a disconnect between both youth and staff understanding of the purpose of NYTD. As a result, the IFYAB partnered with Children and Family Services to develop training curriculum and explore messaging to youth statewide.

##### ***Data Collection***

Since October 1, 2010, Idaho has been collecting outcomes data through NYTD by utilizing the states SACWIS system, iCARE. Data is collected for all three populations for NYTD baseline, served, and Follow-Up.

Idaho currently reports 58 data elements for each youth reported to the Administration for Children and Families. The data elements include basic demographic information, education, Independent Living services provided, and case outcomes. The case outcomes are measured in the Baseline and Follow-up surveys administered every three years to 17 year old youth in foster care, and again when these youth turn 19 and 21.

During CY2015, Idaho utilized data gleaned from previous NYTD submissions as well as the CY2013 IL Case Record Review to increase communication to youth in care as well as social workers providing services. This was completed through updating training material, participation by IFYAB members on local and statewide training opportunities such as PRIDE foster parent pre-service training, at New Worker Academy and at the annual Resource Parent Conferences across the hubs. Additionally, increased communication efforts were made by the State IL program specialist to regional IL coordinators, social workers and supervisors on a monthly basis. Email communication included reminders of the significance of NYTD and having conversation with youth during home visits and instructions on completion of NYTD data collection. Finally, communication included a list of NYTD served population and follow up population that needed data collection to date. As a result of these efforts, Idaho successfully passed its FFY2016 2<sup>nd</sup> quarter NYTD submission.

### *Chafee Foster Care Independence and Education and Training Vouchers Program*

#### *Education and Training Vouchers (ETV) Program*

Educational Training Vouchers are available to youth who are eligible for services under Idaho's Independent Living Program; however, for purposes of the voucher program, in cases where the youth has been adopted or guardianship has been established after reaching IL eligibility, ETVs are restricted to youth who are adopted or guardianship has been established on or after their sixteenth birthday.

Youth are eligible for ETV on their twenty-first birthday and until they turn 23 years old; as long as they are enrolled in a post-secondary education or training program and are making satisfactory progress toward completion of that program. Educational Training Vouchers are available to youth who are eligible for services under Idaho's Independent Living Program.

Educational Training Vouchers are available to Indian youth who are currently in tribal custody or who have been in tribal custody and meet Independent Living Program eligibility criteria through the Regional IL Programs.

A maximum of \$5,000 per year or the total cost of attendance at an institution of higher education may be used for attendance at an institution of higher education. The total amount of the award and any other federal assistance will not exceed the cost of attendance.

Prior to the expenditure of ETV funds, CFS will assure that each youth completes an Ansell-Casey Life Skills Assessment; develops an approved Independent Living Plan which includes the plan for achieving educational goals; defines CFS' role in supporting the youth; and completes a standardized ETV application with supporting documentation approved by the appropriate hub child welfare program manager.

Educational Training Voucher funds will be used to cover costs for educational support including, but not limited to, tuition and fees, room and board, counseling related to education and training programs tutoring, books, rental or purchase of required equipment, supplies, transportation, child care, and other identified service needs to support the youth's education

goals. CFS will track the use of ETV funds separately from Chafee through Idaho's SACWIS system.

An institution of higher education is defined as an educational institution that:

1. Admits as regular students only persons having a certificate of graduation from a school providing secondary education, or the recognized equivalent of such a certificate.
2. Is legally authorized within Idaho to provide a program of education beyond secondary education.
3. Provides an educational program for which the institution awards a bachelor's degree or provides not less than a 2-year program that is acceptable for full credit toward such a degree.
4. Is a public or other nonprofit institution.
5. Is accredited by a nationally recognized accrediting agency or association, or if not so accredited, is an institution that has been granted pre-accreditation status by such an agency or association that has been recognized for the granting of pre-accreditation status, and it has been determined that there is satisfactory assurance that the institution will meet the accreditation standards of such an agency or association within a reasonable time.

The term "institution of higher education" also includes:

1. Any school that provides not less than a 1-year program of training to prepare students for gainful employment in a recognized occupation and that meets the provision of paragraphs (1), (2), (4), and (5) of subsection (a) of the Higher Education Act.
2. A public or nonprofit private educational institution in any State that, in lieu of the requirement in subsection (a)(1), admits as regular students persons who are beyond the age of compulsory school attendance in the State in which the institution is located.

CFS will take advantage of other programs such as scholarships, grants, loans, and student work experience as strategies to help youth pursue their post-secondary educational goals. Youth will be asked to apply for all available scholarships and through the Free Application for Federal Student Aid (FAFSA) program web site.

Educational Training Voucher information is tracked in two ways via our SACWIS system, iCARE, and intra-agency SharePoint site. SharePoint allows the state IL coordinator to ensure ETV funding is being used most effectively by identifying trends such as student progress, current year in college, semester grades, student spending, and the colleges that students are attending. This gives a big picture of ETV spending and can be drawn down to look closely at local spending. This collective information helps to build programs to assist students in college and creates avenues to reach out to former foster youth attending higher education.

Educational Training Voucher applications are recorded in SharePoint, per school year. When they are recorded, specific data is collected including how many applications the youth has been awarded.

#### *Consultation with Tribes (section 477(b)(3)G)) Tribes Residing in Idaho*

CFS continues to partner with each Indian tribe residing in Idaho to make available a full array of independent living services to tribal youth. CFS works with Idaho tribes on a local and program to program level. Consultation is defined as a formal process in Idaho meaning government to government and is not utilized for this specific purpose. Regional and state staff will provide support and training to tribal social services staff about the Independent Living



Program and full access to those services by Indian children, this is accomplished through coordination on a program to program level. Idaho tribes receive information regarding Idaho's Independent Living Program through the State Independent Living Coordinator, the CFS Indian Child Welfare Program Specialist, the IDHW Tribal Relations Program Manager and at regular Indian Child Welfare Advisory Committee meetings. Benefits and services under the program will be available to Indian children in Idaho on the same basis as to other children in the state, including credit reports for minor in foster care.

In keeping with the requirements of CFCIP section 477(b)(3)(G), Idaho will negotiate in good faith with any tribe that does not receive a CFCIP or ETV allotment and requests to develop an agreement to administer or supervise the CFCIP or ETV program with respect to eligible Indian children.

Since the site visits in the spring of 2015, approximately 12 tribal youth have been referred to the IL program and 2 tribal youth to the ETV program. During the site visits tribal staff had an opportunity to inquire about both programs and were offered training opportunities such as the new worker academy session titled Working with Older Youth. In addition, since the time of the visits, tribal staff who have eligible youth continue to reach out for services as needed. The site visits were a very positive move in a direction to better serve tribal youth and tribal workers. The site visits were also a great way for the IL program specialist to become better informed of the needs of tribal youth and to create a more collaborative approach to service delivery moving forward. Several of the tribes in Idaho also meet on a program to program level with local regions/hubs to review and staff cases on a monthly basis including exploring IL services. Annual site visits and regular communication are a necessity to increase the number of tribal youth that are served through the IL and ETV programs. Tribal staff identified some barriers to IL services such as: access to appropriate resources, lack of training opportunities to better understand IL services, and staff turnover. When training and/or conferences pertaining to IL and ETV are offered, event information is shared with tribal contacts along with available travel reimbursement options.

All IL and ETV program services are accessible to tribal youth; this is described in the CFCIP.

#### ***APSR Update***

During SFY2015, two youth were referred to CFS from Idaho tribes. These youth were provided services under the CFCIP. Services provided included support to ensure attendance to Independent Living groups at the youth's request, and support in attending tribal pow-wow and conferences, participation in the Idaho Foster Youth Advisory board video calls, and invitation to assist in planning for the next fiscal year. CFS also received two inquiries for services from Idaho tribes, however, inquiries were not followed by referrals.

Additionally, CFS has also provided CFCIP services to youth around the state who were found to be Indian children under the provisions of the Indian Child Welfare Act and are currently in the custody of the Idaho Department of Health and Welfare.

#### ***Goals and Strategies for Idaho's IL and ETV Programs for 2015-2019***

**Goal 1:** Every youth 15 years of age and older in the custody of IDHW will have completed a life skills assessment (Casey Life Skills Assessment) or the CANS within 90 days of IL eligibility and every year thereafter until the age of 18.

**Intervention 1:** Compare and contrast the Casey Life Skills Assessment and the CANS for decision on which tool to use in life skills assessment.

**Target Date: 2019**

*APSR Update*

**Status:** Continued

Effective June 1, 2016, 50% of case carrying Child and Family Services staff will become certified users for the CANS assessment. Until full implementation and data collection is complete statewide, a full evaluation of both tools cannot be conducted. The Independent Living Program Specialist will continue to monitor progress and coordinate efforts for a complete evaluation of both assessment tools upon completion of CANS assessment

**Intervention 2:** A “How to Guide” will be developed which contains instructions for staff on how to conduct and complete life skills assessments and properly document the assessment in the child welfare information system (iCARE).

**Target Date: 2016**

*APSR Update*

**Status:** Complete

A “How to Guide” has been created and been made available to all agency staff. The guide is accessible when needed to help agency staff complete the Casey Life Skills assessment. In addition this document is overviewed in Older Youth Academy and available on the IL SharePoint site.

**Intervention 3:** Training will be provided to regional IL and tribal social service staff in each region by the state independent living coordinator on all aspects of conducting a life skills assessment, including data entry.

**Target Date: Ongoing**

*APSR Update*

**Status:** Ongoing

Between April 2015 and March 2016, Older Youth Academy was conducted twice in each Hub and included instruction on all aspects of conducting and documenting results of the Casey Life Skills Assessment. Curriculum was taught by a combination of embedded trainers, regional IL coordinators, the state IL program specialist and IFYAB members. Tribal contacts have been invited to Older Youth Academy throughout the state. During SFY2016, tribal agency staff did not participate in any of the Older Youth Academy. Efforts will continue to engage tribal leadership and partners in CFS trainings.

**Intervention 4:** Data related to life skills assessment completions will be gathered every 6 months on each youth over 15 to verify that an assessment has been conducted timely with all IL youth.

**Target Date: Ongoing**

*APSR Update*

**Status:** Ongoing

The National Youth in Transition Database has served as the measurement tool for ongoing completion of this Strategy. Every six months, NYTD requires data be recorded and submitted for federal reporting including the most recent numbers on completed assessments. Idaho’s SACWIS system is able to pull

reports that show missing or late life skills assessments. This allows us to have the most accurate information on completed and updated life skills assessments.

During CY2015, 151 new youth became eligible for services and 122 of these youth completed assessments prior to IL eligibility or within 90 days after eligibility. In total, during CY2015, 502 youth were eligible for IL services in Idaho and of these, 429 had a completed life skills assessment.

**Goal 2:** Every youth 15 years of age and older in the custody of IDHW will have a youth involved Independent Living plan based on a life skills assessment within 90 days of IL eligibility.

**Intervention 1:** Training will be provided to regional IL and tribal social service staff in each Region by the state independent living coordinator on all aspects of IL Plan development, including data entry and obtaining credit reports.

**Target Date:** Ongoing

*APSR Update*

**Status:** Ongoing

As indicated in Goal 1, Intervention 3, youth, regional and State IL staff coordinated training new social workers. In addition to training on life skills assessments, new social workers learned about IL plan creation including data entry and obtaining credit reports. Over the next year, CFS will be working on assessing the effectiveness of new worker training as well as explore how to better provide support to current staff working with older youth.

**Intervention 2:** A “How-to Guide” will be developed which contains instructions for staff on how to conduct and complete an independent living plan, properly document the plan in the child welfare information system (iCARE) and how to renew the plan annually.

**Target Date:** 2016

*APSR Update*

**Status:** Complete

A “How to Guide” has been created and been made available to all agency staff. The guide is accessible when needed to help agency staff complete and properly document the IL Plan. In addition this document is overviewed in Older Youth Academy and available on the IL SharePoint site.

**Intervention 3:** Data inquiries related to Independent Living Plans will be gathered every six months on all IL eligible youth to verify that a plan has been conducted timely.

**Target Date:** Ongoing

*APSR Update*

**Status:** Ongoing

The National Youth in Transition Database has served as the measurement tool for ongoing completion of this strategy. Every six months, NYTD requires data be recorded and submitted for federal reporting the most recent numbers on completed IL plans. Idaho’s SACWIS system is able to pull reports that show missing or late IL plans. This allows us to have the most accurate information on completed and updated IL plans.

During CY2015, 151 new youth became eligible for services and 100 of these youth collaborated in developing an IL plan prior to IL eligibility or within 90 days after eligibility. In total, during CY2015, 502 youth were eligible for IL services in Idaho and of these, 421 youth had a documented IL plan.

**Goal 3:** Implement the National Youth in Transition Database requirements.

**Intervention 1:** Annual training will be provided to regional IL and tribal social service staff in each Region by the state independent living coordinator on all aspects of NYTD.

**Target Date:** Ongoing

*APSR Update*

**Status:** Ongoing

National Youth in Transition Database training is conducted regularly in local field offices based on the local office need. In addition, NYTD training is a section of the Older Youth Academy and is taught in collaboration with Hub embedded trainers, regional IL coordinators and youth panels. Despite regular training, staff expressed difficulty in connecting data collection to better outcomes for youth in care. CFS will utilize this feedback in collaboration with state and local partners/key stakeholders to assess current training tools and develop a model that will assist staff and youth like in recognizing the connection between NYTD data collection and increased positive outcomes for youth in care.

**Intervention 2:** A “How-to Guide” will be developed which contains instructions for staff on how to conduct and complete NYTD requirements, properly document data in the child welfare information system and how to ensure youth understand what NYTD is.

**Target Date:** 2016

*APSR Update*

**Status:** Completed

National Youth in Transition Database, “How to Guides” with specific instructions on each NYTD population have been created. Agency staff have access to these documents via the internal SharePoint. These guides lay out the practice and documentation steps to accurately conduct the NYTD requirements.

**Intervention 3:** Data inquiries related to NYTD will be gathered every six months on all IL eligible youth to verify that “Youth served,” “Baseline,” and “Follow-up” surveys have been conducted timely.

**Target Date:** Ongoing

*APSR Update*

**Status:** Ongoing

The 2015B submission included 387 youth as part of the served population and 28 youth as part of the follow up population. The 2016A submission included 367 youth as part of the served population and 23 as part of the follow up population. Idaho passed the 2016A submission. Elements included timely life skills assessment and timely development of IL plans based on assessments.

**Goal 4:** Every youth in foster care will have an individualized Independent Living Transition Plan in accordance with the requirements of the Fostering Connections to Success and Increasing Adoption Act of 2008.

**Intervention 1:** Annual training will be provided to regional IL and tribal social service staff in each region by the state independent living coordinator and regional staff trained as trainers on “Engaging youth in Transition Planning.”

**Target Date: Ongoing**

*APSR Update*

**Status:** Ongoing

Between April 2015 and March 2016, youth, regional IL coordinators, the state IL Program Specialist and embedded trainers taught new social workers about the significance of transition planning. Results of the CY2015 IL Case Record Review indicated an increase in transition planning meetings from 43% in CY2013 to 52% in CY2015. During the next SFY, ongoing training in local field offices will be conducted based on local office need as identified in the CY 2015 IL case record review.

**Intervention 2:** A “How to Guide” will be developed which contains instructions for staff on how to conduct and complete timely transition plans, properly document data in the child welfare information system (iCARE) and how to ensure youth understand the purpose of transition planning and are engaged in the meetings.

**Target Date: 2016**

*APSR Update*

**Status:** Completed

A “How to Guide” has been created and been made available to all agency staff. The guide is accessible when needed to help agency staff complete and properly document the Transition Plan. In addition, this document is overviewed in Older Youth Academy and available on the IL SharePoint site.

**Goal 5:** Youth who emancipate from foster care will have access to important information and records that will be necessary for living independently.

**Intervention 1:** Every youth who emancipates from Idaho’s custody will receive a Health and Education passport that includes in its contents, but is not limited to: an original copy of birth certificate, Social Security card, immunization record, medical card, education records, health records, letter of verification, transition plan, ETV information, and state/regional resource guide.

**Target Date: Ongoing**

*APSR Update*

**Status:** Ongoing

Independent Living Case Record Review conducted in throughout the regions in CY2015 indicated that 38% of youth who emancipated from CFS custody received a Health and Education Passport. Although higher than baseline of 36%, the number of youth receiving Health and Education Passports fell below the 43% goal set. During interviews social workers identified focus on crisis management and lack of time available to focus on this service area. Results will be reviewed with current embedded trainers, regional IL coordinators and the IFYAB to

discuss strategies for increase engagement at the local level in providing passports to youth.

**Goal 6:** Youth throughout Idaho will have the opportunity to have their voice heard by rule and policy makers in Idaho's Child Welfare System.

**Intervention 1:** Regional youth advisory boards will be held regularly to give youth an organized place to share their ideas and thoughts about foster care and an opportunity to share their stories with those involved in the foster care system.

**Target Date:** Ongoing

*APSR Update*

**Status:** Ongoing

All seven regions in Idaho have at least one youth representative on the Idaho Foster Youth Advisory Board. Regionally, there are six active boards. Support for the seventh region to form a board will continue to be a focus. Due to small numbers of older youth and a large rural demographic, this region finds it difficult to organize a youth board. This region does however have a youth representative on the state IFYAB board.

Between April 2015 and March 2016, the IFYAB members were called upon to participate as part of presentations to local universities and as part of Older Youth Academy in their regions. They were also asked to speak before judges panels and at stakeholder meetings exploring the Child and Adolescent Needs (CANS) assessment tool.

**Intervention 2:** The Idaho Foster Youth Advisory board will serve at the state level and represent the regional youth advisory boards in youth led initiatives and projects.

**Target Date:** Ongoing

*APSR Update*

**Status:** Ongoing

All seven regions in Idaho have at least one youth representative on the Idaho Foster Youth Advisory Board. The IFYAB provides an avenue for youth to learn how to share their stories in a strategic way, influence change in the child welfare system, and have a safe place to come together to celebrate successes and work through difficulties together as a cohesive group.

Between March 2015 and April 2016, community partners and stakeholders such as Casey Family Programs have invited board members to speak to their board of directors in an effort to get the youth experience and voice out. The IFYAB also participated on a panel during the resource parent conferences in the North, East and West hubs across the state during the Spring of 2016. The IFYAB held two annual IFYAB retreats focused on reviewing progress and accomplishments throughout the year and setting new goals and assigning work groups on issues faced by children and youth in foster care across the state of Idaho.

**Intervention 3:** The Idaho Foster Youth Advisory board will train and educate youth throughout the state in "Strategic Sharing" so that all youth are formally trained before they present to child welfare staff and community partners.

**Target Date:** Ongoing

***APSR Update***

**Status: Ongoing**

Strategic Sharing is the curriculum that IFYAB has chosen as their fundamental way to learn and practice sharing the foster care story. Members of IFYAB are trained and help facilitate this curriculum with local board members. As an Idaho Foster Youth Advisory Board rule, an IFYAB member or regional youth member will participate in this curriculum before any speaking engagements. IFYAB continues to utilize Strategic Sharing during their speaking engagements throughout the year. Review of strategic sharing is discussed during IFYAB retreats.

**Goal 7:** A concentrated effort will be made to implement a version of The Guardian Scholars Program in all of Idaho's college and universities.

**Intervention 1:** The Idaho Fostering Success Network will serve as a monthly venue for colleges and universities interested in creating a Guardian Scholars Program on campus to meet regularly and have conversation about how to implement new programs and share success stories on existing programs.

**Target Date: Ongoing**

***APSR Update***

**Status: Ongoing**

The Idaho Fostering Success Network (IFSN) is the Idaho statewide initiative to stay connected to all the campuses/regional work supporting college students with foster care experience. Monthly conference calls led by Boise State University Impact Scholars program were held monthly until October 2015. These are now being held quarterly in January, April, July and October of each year and geared toward collaborative work across the state to build a Guardian Scholars program in each institution of higher learning across the state of Idaho.

**Intervention 2:** The state Independent Living Program Coordinator and the Guardian Scholars Liaison will do onsite informational meetings for educational staff and will assist with implementation of new programs.

**Target Date: On going**

***APSR Update***

**Status: Ongoing**

The Department of Health and Welfare funding of the Guardian Scholars program at Boise State University ended on September 30, 2015. In December 2015, Idaho State University submitted their proposal to be the next pilot school to participate in this endeavor. Two other colleges, Northern Idaho College and College of Western Idaho are also interested in implementing Guardian Scholars programs into their schools. During the next SFY, Child and Family Services will evaluate potential partnerships with other institutions of higher education throughout the State of Idaho.

**Intervention 3:** The state independent living program coordinator will work closely with current Guardian Scholars Programs to ensure the success of students and programs.

**Target Date: On going**

### ***APSR Update***

#### **Status: Ongoing**

Youth exploring higher education are encouraged by their assigned IL coordinator to participate in the ETV program. Once enrolled, youth collaborate with their social workers through case management to ensure their needs are being met so that they can focus on their education. As part of monitoring, youth submit quarter and/or semester grades and discuss any difficulties experienced in their education with their regional coordinators. The state IL program specialist monitors ETV dollars and progress towards educational goals in partnership with regional IL coordinators as well as professionals in the institutions of higher education.

Additionally, the state IL program specialist participates as part of the quarterly Idaho Fostering Success Network (IFSN) conference calls. The IFSN is a statewide initiative to stay connected to all of the campuses/regional work supporting college students with foster care experience. Collaborative work will continue during CY2016.

### ***APSR Revisions to Goals and Objectives established in the CFSP***

Revisions have been made to Goal 1, Intervention 1 target date of CFSP 2015-2019. Target date changed from 2016 to 2019. Effective June 1, 2016, 50% of case-carrying staff will begin training to become certified users for the CANS assessment. Until full implementation and data collection is complete statewide, a full evaluation of both tools cannot be conducted. The Independent Living Program Specialist will continue to monitor progress and coordinate efforts for a complete evaluation of both assessment tools upon completion of CANS assessment

Revisions have been made to Goal 1, Intervention 3 target date of CFSP 2015-2019. Target date changed from 2016 to 2019. Initial training completed during CY2015, however, ongoing yearly or routine training will be necessary to ensure new CFS employees understand all aspects of conducting a life skills assessment. Collaboration with regional Independent Living coordinators and embedded trainers will also be ongoing.

Revisions have been made to Goal 2, Intervention 1 target date of CFSP 2015-2019. Target date changed from 2016 to 2019. Initial training completed during CY2015, however, ongoing yearly or routine training will be necessary to ensure new Child and Family Services employees understand all aspects of completing Independent Living Plans. Collaboration with regional Independent Living coordinators and embedded trainers will also be ongoing.

### ***APSR Updates to Goals and Objectives to Incorporate Areas Needing Improvement***

Areas needing improvement in the Independent Living Program will be discussed in the “Plan for Improvement” section of the APSR.



## (13) STATISTICAL AND SUPPORTING INFORMATION

### *Information on Child Protective Services Workforce*

The following information pertains to IDHW workers and the supervisors responsible for intake, screening, assessment and investigation of child abuse and neglect reports.

- Education, qualifications and training requirements
  - Education: All Child Protective Services (CPS) staff, as defined above, must have at least a Bachelor's Degree in Social Work or a (very) closely related field.
  - Licensure: All CPS workers must have a current Social Work license prior to employment and must be maintained during their employment. The Idaho Social Work license requires 20 approved continuing education units (CEUs) per year to maintain the license.
  - Training: Each new employee must complete pre-service training. Training is not restricted to CPS workers; it is for all new child welfare staff. It includes a range of topics from laws, rules and policy through Concurrent Planning to Worker Safety. Each new worker must complete each session of the pre-service Academy before they can assume full case responsibility for cases.
- § New employees are required to complete pre-service trainings sessions before completion of their probation periods. Child Welfare Social Worker 2s have six months, and Child Welfare Social Workers 1s have nine months to complete probation requirements.
- Advancement: Child Welfare Social Worker 1, 2 and 3 classifications have been developed. Child Welfare Social Worker 1 is the entry level, 2 is an experienced social worker, and 3 is an experienced social worker who is seen as having supervisory abilities and works closely with the supervisor to gain experience in "lead work," while still being under supervision themselves.
- Data on education, qualification and training of such personnel
  - See 100 percent requirements under education, qualifications and training requirements above.
- All child welfare personnel including those who do the initial CPS component. See below.

#### **FY 2015 Child Welfare Staff Demographics**

		Child Welfare Social Worker 1	Child Welfare Social Worker 2	Child Welfare Social Worker 3	Clinician	Child Welfare Supervisor	Totals
Number of Filled Positions		<b>12</b>	<b>168</b>	<b>39</b>	<b>3</b>	<b>35</b>	<b>257</b>
Educational Degrees*	Bachelor of SW	* Unable to provide at this time. In general SW1's are Bachelor level; SW 2's are predominantly Bachelor level with some Master level; SW3's are primarily Bachelor's level with some Master's level; Clinicians are exclusively Master level and Supervisors are split between Bachelor and Master level					
	Master of SW						
	Master of Clinical SW						
	Other Degree						

Race/ Ethnicity	White	8	153	36	3	33	233
	Black	0	1	1	0	0	2
	American Indian	0	1	1	0	1	3
Race/ Ethnicity	Asian/ Pacific Islander	0	0	0	0	0	0
	Hispanic	4	13	1	0	1	19
Gender	Female	10	151	34	2	30	227
	Male	2	39	5	1	5	52

\* System and administrative changes are currently under way to collect and report educational degrees in iCARE.

- Information on caseload or workload requirements for CPS personnel including requirements for average number and maximum number of cases per CPS worker and supervisor.

The following tables present the statewide counts, by type of case, and the caseload averages for the period between April 1, 2015 and March 31, 2016.

Monthly Averages	North	West	East	Statewide
Child Population (0-17 yrs., 2014 Census Estimate)	71,562	194,089	165,429	431,080
Safety Assessments	149	317	245	711
In Home Cases	70	57	107	234
Foster Care Placements	273	691	475	1439
Total Cases	492	1065	827	2384

Rate per 1,000 Children	North	West	East	Statewide
Rate/Safety Assessments	2.1	1.6	1.5	1.6
Rate/In Home Cases	1.0	0.3	0.6	0.5
Rate/Foster Care Placements	3.8	3.6	2.9	3.3
Caseload Avg. per Case-Carrying Staff	10.7	11.5	13.1	11.8

Below are the referral numbers for the past two years broken down by prioritized referrals that required safety assessments and those that were informative only.

Monthly Averages by Referral Type	4/01/2014 - 3/31/2015	4/01/2015 - 3/31/2016	% Difference Year over Year
Prioritized Referrals	732	753	2.87%
I&R Only Referrals	1092	1120	2.56%
Total Referrals	1,824	1,893	3.78%

Quarterly reports are run for the months of March, June, September, and December and are averaged to give a “typical month” count. The following table presents the statewide counts, by

type of case, and the caseload averages from the four month counts for April 1, 2014 to March 31, 2016. The total FTPs do not include central office staff.

<b>Monthly Averages for Case Types</b>	<b>4/01/2014 - 3/31/2015</b>	<b>4/01/2015 - 3/31/2016</b>	<b>% Difference Year over Year</b>
Assessments	732	711	-2.87%
In Home Cases	251	234	-6.77%
Foster Care Cases	1,362	1,439	5.65%
Total Cases	2,345	2,384	1.66%
Case-Carrying Staff FTE	194.8	202	3.70%
Total Hub FTE	337.1	337.2	0.03%
Caseload Avg. per Case-Carrying Staff	12.0	11.8	-1.67%
Caseload Avg. per FTE	7.0	7.1	1.43%

Child Welfare Social Workers have seen a slight decrease in the total number of child welfare cases over the past year. Previously submitted numbers actually had overstated the number of assessments as they were counted in each month that they remained open. Now each assessment is only counted once in the month that it begins in. Also, prioritized referrals were included in total case counts, but because they are handled by central staff, they are no longer counted here.

### *Juvenile Justice Transfers*

In Idaho, youth come under the purview of the Juvenile Corrections Act for an act that would constitute a criminal offense if committed by an adult. From April 1, 2015 to March 31, 2016, there were eleven (11) youth who were in the custody of the Idaho Department of Health and Welfare under the Idaho Child Protective Act who were subsequently transferred into the custody of the Department of Juvenile Corrections (DJC) under the Juvenile Corrections Act. This information is collected and reported by local program managers.

A regional break down of the number of children under the care of IDHW who were transferred into the custody of the DJC follows:

<b>Region</b>	<b># Transfers to DJC 2014-2015</b>	<b># Transfers to DJC 2015-2016</b>
Region 1	1	2
Region 2	0	0
Region 3	0	1
Region 4	3	3
Region 5	2	0
Region 6	1	0
Region 7	0	5
<b>Total</b>	<b>7</b>	<b>11</b>

More frequently, cases are expanded from the Juvenile Corrections Act to include the Child Protective Act when a judge finds that a youth had been abused, neglected, abandoned, was homeless, or the legal custodian was failing or unable to provide a stable home environment. In these cases some youth will be given a “dual” commitment, coming under the purview of both Child Protection and Juvenile Justice. In other cases, the judge may vacate the Juvenile Justice proceedings and leave the child solely under the purview of the Child Protective Act. From April 1, 2015 to March 31, 2016, sixty-eight (68) youth have been expanded from the Juvenile Corrections Act to the Child Protective Act. This information is collected and reported by local program managers. Below are the expansions to child welfare, by Region:

<b>Region</b>	<b># Expansions to Child Welfare 2014-2015</b>	<b># Expansions to Child Welfare 2015-2016</b>
Region 1	4	2
Region 2	1	1
Region 3	5	16
Region 4	13	12
Region 5	15	13
Region 6	5	11
Region 7	11	13
<b>Total</b>	<b>54</b>	<b>68</b>

### *Sources of Data on Child Maltreatment Deaths*

Idaho’s SACWIS information system, iCARE, collects information related to child maltreatment fatalities that are referred to Child and Family Services. However, not all child maltreatment fatalities come to the attention of CFS. If there are surviving siblings, CFS is involved to assess the safety of the remaining children in the home. Fatality information on this type of referral is reported to NCANDS. However, if there are no other children in the family, and the referent contacts only law enforcement, the child fatality may not be referred to CFS, not entered in our information system, and not included in NCANDS data. Currently only Vital Statistics receives information on all child deaths.

CFS now provides our child maltreatment fatality information to Vital Statistics who, in turn, provides CFS with the total number of child fatalities captured in their system related to abuse and neglect. There may still be challenges with the comprehensiveness of this information due to cause of death coding classifications; however, this information brings us closer to capturing more complete information related to child maltreatment fatalities in the state.

While it was anticipated information from the annual report of the new statewide Child Fatality Review Team would be used, the team is currently reviewing cases which are two years behind the NCANDS reporting period, therefore the information is not current and not useful for the purpose of NCANDS annual reporting. However, the team’s reports will be shared with CFS to garner information for any practice implications.

## *Education and Training Vouchers*

### Appendix A: Educational and Training Voucher Chart (ETV)

## *Inter-Country Adoptions*

During FFY 2015, one child previously adopted through an inter-country adoption entered Idaho's foster care system due to reasons related to the dissolution of an adoption.

The child is a male who was 16 years old at the time of his placement in foster care. In November 2013, he was adopted at the age of 15 years from an orphanage in the Ukraine by an Idaho family. He has been identified as having mental health and developmental diagnoses including Post-Traumatic Stress Disorder and Major Depression and well as Borderline Intellectual Functioning. The adoptive parents repeatedly stated they completed an independent adoption and did not utilize an agency; they were uncooperative with providing information to CFS. We have located a website "Reece's Rainbow" where the child was featured and we believe the adoptive family found the child. Based upon information provided by the child, we believe he was placed for adoption from the Orphanage of Chernigovka.

CFS began receiving reports of the physical abuse and neglect of the child by his adoptive parents within three weeks of the adoption. There is some indication the adoptive family contacted the Ukrainian Embassy and retained legal counsel in that country in attempt to have the adoption voided and the child returned to the Ukraine. By October 2014, the adoptive parents moved the child out of their home privately placing him with a succession of families including adoptive grandparents, neighbors, and finally a stranger they met online. In June 2015, the child entered foster care when his adoptive parents refused to provide or arrange for appropriate care for him when he was discharged from a psychiatric hospitalization.

The adoptive parents requested to terminate their parental rights which was completed in July 2015. Due to the termination of parental rights, the child's permanency goal is Adoption. An adoptive placement has been identified and the plan is to finalize the child's adoption shortly before his 18<sup>th</sup> birthday in August 2016.